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Child Welfare League
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child welfare

New Values and Perspectives in Child
Welfare

Education for Social Workers

The Correctional Field

The Public Social Services

Rehabilitation of the Handicapped

Dual Therapy in Residential
Treatment

Placing the Second Child for
Adoption

The Homemaker's Role: In Preven-
tion and Treatment of Family
Breakdown

Aid to Dependent Children
The National Scene

May 1960

CHILD WELFARE

JOURNAL OF THE
CHILD WELFARE LEAGUE OF AMERICA, Inc.

HENRIETTA L. GORDON, Editor

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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NEW VALUES AND PERSPECTIVES IN CHILD WELFARE*

Leonard W. Mayo

Executive Director
Association for the Aid
of Crippled Children
New York City

Dorothy Hutchinson had the qualities of mind and heart of a great teacher: scholarly and scientific interests, humility and compassion, and the capacity to accept and respect all manner of people. During her professional life that covered the years between 1925 and 1955, she contributed much to the substance and enrichment of child welfare in this and other countries. Her fifteen years as practitioner and supervisor followed by twenty full years of teaching included the periods of the depression and World War II, both of them times of trial and stress when social work and social workers came of age. These were crucial years in professional education as well, when child welfare was establishing a place for itself in relation to generic casework in the curriculum of the schools of social work.

SURELY the times call for a reassessment of values and that in itself calls for perspective and suggests new dimensions. As Joseph H. Reid noted in his able paper at the National Social Welfare Forum last May, the task that faces us as citizens as well as child welfare workers has to do not only with understanding the nature of social change but also with recognizing the rapidity of change itself. But the basic facts of change are impressive quite apart from the tempo of their movement. For example:

The current population of the United States is now over 172 million, an increase of 12 percent in the last decade. And the character as well as the size of the population has changed, for 9 percent of our people are over sixty-five years old and the number of those in the five-to-thirteen age group has increased by 35 percent in the last decade. In addition, we have a mobile population: One-third of our people moved last year; almost seven million went to another state. We are still largely an urban population; 65 percent of us live in large metropolitan areas, an increase of 15 percent in the last eight years.

When we look at family life we note first of all the many youthful marriages; 50 percent of all women who marry do so before the age of twenty-one. We note an increase in the size

of families in spite of a recent though slight increase in infant mortality, the causes of which have not yet been determined. In more families than ever before, both husband and wife are wage earners. Almost 30 percent of the labor market consists of married women; some 16 percent of them have children at home under eighteen years of age.

Divorces continue to mount and there has been little, if any, diminution in recent years in the number of children born out of wedlock. Finally, the number of children and young people appearing each year before our children's courts is still alarmingly high and the rate of mental illness among children and youth is still climbing.

On the positive side are the remarkable number of wholesome and healthy children and teen-agers in our homes, and the solid core of earnest and devoted parents and teachers who care about children and who have some understanding of themselves and what constitutes a good life. There is probably a greater awareness of the multiplicity of causes accountable for behavior than at any time in our history. We have the largest group of competent child welfare workers, and an array of social services greater in number and better in quality than we have ever known. And this is an age of plenty, with high employment and an expanding economy.

Why then should we have so many manifestations of ill health, disorder and unhappiness?

*The First Dorothy Hutchinson Memorial Lecture, given at the CWLA Eastern Regional Conference, Atlantic City, N. J., on February 5, 1959.

ness in an era when so many factors associated with health, order and happiness are present? Must we admit that the society that split the atom cannot mobilize and unify the constructive forces of community life and master these negative factors? Is it axiomatic that as a nation grows wealthy it becomes morally and spiritually lax? And, most devastating of all, must we reach the conclusion that it requires a war or a major depression to toughen our moral fiber?

Poverty in an Age of Plenty

Certainly social workers cannot be wholly responsible for the standards and behavior of the American people or the status of the family. But we must accept responsibility as citizens as well as professional people for our part in creating the problems that confront us, and above all for thinking our way through them. I say "thinking our way through them" advisedly, for most of us are oriented more to action than reflection and now we find ourselves in a box that simply will not yield to action alone. The dilemma of poverty in an age of plenty is so complex and so profound that we cannot grapple with it until we more nearly understand it; and we shall never understand it unless we approach it as philosophers and students rather than primarily as doers.

When I speak of poverty in an age of plenty, I am using the phrase in a broader connotation than the ordinary economic sense. We have resources in the arts in this country, for example, that we are not beginning to tap in behalf of children, and to the extent that we do not tap them children experience poverty. We have vast resources of spiritual guidance, education, recreation and social services and at the same time a high rate of delinquency; again poverty in an age of plenty.

In other words, how do we explain the fact that in the last decade divorces have not decreased; that what is called juvenile delinquency has not declined; that mental illness among youth has not abated; that separations and other breakdowns in family life have shown few, if any, signs of lessening; that in our own nation hostility toward racial and cultural groups is still extant. These are serious defects in a democracy. They embarrass our

friends in other countries and they give aid and comfort to those who are hoping to find chinks in our armor. While such dangers continue, furthermore, our society presents hazards to which children and perhaps their children's children may be subject.

Underlying Defects of Our Society

Looking at the era in which we live as objectively as possible, I suggest that the following factors weigh heavily in creating and sustaining the problems in society which we have been discussing:

1. By and large we still present to children an adult world in which it is frequently difficult for them to grow into healthy adults. We have brought much of the world of daily experience to a level that children can understand and accept, but they still cannot understand our double code of behavior and morals, one for them and another for us.
2. There is a possibility that the lure of science may be replacing the dream of democracy in American life. This thought, expressed by Derek J. Price of the School of Advanced Studies at Princeton, is one to give us pause. It is cause for deep concern that we may have grown disinterested in, or even have abandoned, a dream with all of its high idealism and motivation. Science as a way of life leaves a great deal to be desired, and unless we go on reaching for the highest good in human relations, a true democracy, we shall continue to fall far short not only of perfection but of a world worth living in.
3. We are plagued by a basic conflict between form and substance, outward appearance and inner beauty, gaudiness and excellence. School buildings, for example, may be built on the modern campus design with stainless steel and aluminum, but house incompetent teachers—or more likely competent teachers at disgraceful salary levels. Cities may be lovely to look upon but devastating to live in; they may be surrounded and connected by superhighways but provide no decent living facilities for families of low income.
4. The conflict between form and substance is similar in a sense to another agonizing conflict with which we live—our comfort and security versus the still small voice that reminds us of the discomfort and suffering and the complete insecurity of millions at home and abroad, and of our obligation toward them. The generosity of our people and their response to appeals from all over the world are well known. In all honesty, however, how many of us give either time or funds to the

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point of sacrifice? As long as our own comfort and security are dominant and controlling, we shall go only as far as they will allow in meeting other demands, and no further.

5. We value action and material success too highly, and intellectual effort and moral vitality too little. The "market" for the tangible results of action is usually more favorable than the market for the products of the mind and spirit, but we could lose the cold war if we become intellectually lazy and morally soft. The Soviets are willing to undergo, or at least succumb to, a heavy personal sacrifice to "catch up" with us. We delude ourselves if we think we can attain and hold a high level of industrial, intellectual, and moral leadership with no sacrifices and without making some hard choices.

When Churchill wrote the final volume of his war series, *Triumph and Tragedy*, he penned these words as a theme: "How the Great Democracies Triumphed and so Were able to Resume the Follies Which Had so Nearly Cost Them Their Life." This has an ominous ring. As an antidote we would like to build something into the lives of children that would toughen their moral fiber and protect them against the dangers we can see all too close at hand.

First, however, we will have to feel and express a new or a deeper sense of values. Herein lies the challenge of new dimensions, of greater breadth and greater depth in our work. As the field develops horizontally to include additional children and wider geographical areas, it must also grow in depth.

Objectives for Child Welfare

We must spend more time with parents and teachers.

The time we have spent with children has been invaluable, but we need to spend more now with those who deal directly with children. We tend to know more about children apart from their homes than about their homes and their family relations. We spend most of our time, furthermore, with the children in one or possibly two economic groups, but the need for service in the upper economic groups is almost as great, if not equally so.

Other professions are coming to depend on us for knowledge of child and family life, and we cannot let them down. A good number of

children with serious problems, for example, are seen by psychiatrists in private practice, and by guidance teachers in public and private schools. But do these people, competent as they are in their own fields, have the experience and knowledge in basic child welfare that the situations they deal with must frequently require. The ultimate solution may lie in a more purposeful, directed and conscious effort, by those in the field of child welfare, to work with parents and foster parents, teachers, clergymen, probation officers and others, conveying to them more of the knowledge, the skills, and the philosophy we sometimes regard as exclusively ours.

We must recognize a drastic change that has taken place in the process of transmitting information on child care from one generation to the next.

An article in a recent issue of the magazine *Parents and Teachers* points out that at one time much of this knowledge was conveyed by word of mouth from mother to daughter or daughter-in-law. Where today, asked the article, is the mother so courageous as to give instruction on child rearing, or the daughter so constituted as to gladly receive it? This situation adds substantially to the responsibility of child welfare workers. We must keep the obstetrician and the pediatrician informed, for to some degree they have taken the place of the grandparents and the clergyman as the source of knowledge on the rearing of the young.

We have been very largely absorbed in the last quarter of a century by our interest in behavior and its causes and manifestations. Psychiatry has made a major contribution to child welfare, but now we need to make it an integral rather than a dominating part of our approach.

We should be as receptive now to the contribution of the behavioral sciences as we were to psychiatry twenty-five years ago. But as we gain new knowledge we must not make the mistake of discarding the old indiscriminately.

Our responsibility must also include the child welfare concerns of countries other than our own.

In spite of the widespread need for the basic necessities of life in scores of countries, there

is a hunger for more than food. Parents everywhere yearn to lift the whole level of their children's life, and to meet their emotional and spiritual, as well as their physical and material, needs. This is why foreign aid is so important, and why UNICEF is moving toward a program far broader than relief and medical care. This is why the International Union for Child Welfare, with a program directed to the needs of the whole child, is essential. And this is why we must examine more carefully our own federal budget, of which 50 percent is allocated to pay for past wars and attempts to prevent wars in the future, and only 5 percent for health and welfare needs. Many of us, I am sure, would be willing to wager that a bold, creative and imaginative plan for lifting the level of child life in underdeveloped countries would be a safer guarantee of international security than more millions for a rocket or missile race that no nation will ever win and that will engender neither security nor good will.

To be sure, the foreign aid program, general economic and medical assistance, and the village aid and related projects of foundations and other organizations benefit children; but some of the largest and most influential foundations are not interested in child welfare or even "social welfare" as such. Nor do I see any indication of our government's interest in making the social and educational, as well as the general medical and physical welfare of children the spearhead of an international program.

Research

In the last decade substantial strides have been made in research in various aspects of child welfare. These efforts must be extended. We need evaluative research to test the results of our work; we need analytical research in methodology; we need highly competent research in personality development.¹

In most professions research aimed at evaluation of results is apt to be conducted by the practitioners. There comes a time, however,

¹ The Child Welfare League of America has been active in research, and it is gratifying that a number of foundations have responded generously to the League's request for research funds.

when both administrators and practitioners realize that studies of some internal problems must be conducted by scientists from other fields. I believe that child welfare has reached that point, and that while there is much that should be conducted from within, a good deal of the basic research should be carried on by social and behavioral scientists. Fundamental discoveries in child welfare will come only as we work closely with competent scientists in related fields. We have already made very considerable strides in developing a science of treatment; the next two decades should see substantial progress in basic research.

We need to re-examine our child welfare laws. It is important to insure that the laws relating to the care, protection and rights of children are keeping pace with current knowledge and practice.

A short time ago a staff member of the Child Welfare League of America brought to my attention a startling fact in the legal area of child welfare. She pointed out that as far as she has been able to determine, no state provides in its child welfare laws for the right of children to parental affection. A child may be removed from his home because of inadequate physical care or mistreatment, but he has no recourse under the law if he is living in a home where he is deprived of affection. The law provides adequate protection for adults whose spouses deprive them of their affectional rights, but apparently there is no such protection for children.

This is only an illustration of the need for a careful review of what is now on the statute books, to determine whether the laws reflect current knowledge and practice.

Development of Philosophy

We need to give more attention, both in professional education and in practice, to the development of our philosophy.

Philosophy has to do with the inwardness of child welfare and its objectives and goals; that is, the *why* as contrasted with the *how*. Over the years we have moved from prosecution and punishment in child welfare to treatment and prevention; and from judgmental attitudes to a deeper understanding of behavior. Our broad

objective is being, one capacities and one who chose of his whose disc standing

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objective is the creation of a civilized human being, one who knows how to develop his capacities and powers and how to preserve them, one who can gain satisfaction from the exercise of his intellect as well as his body, and whose disciplined mind is tempered by understanding and compassion.

The problem we face in trying to bring this philosophical concept to reality is that children do not grow automatically into civilized and mature human beings; nor does the whole answer to mature adulthood lie in favorable surroundings alone. People do not become civilized and mature without the opportunity for thought and reflection; they do not become great until they are first creative. How can we make it possible for young people to think in a culture where there is much to discourage thought? How can we provide the opportunity for reflection in a climate that regards action as the criterion of success? How can we ensure creativity in the spiritual sense in a society that places such importance on material possessions? I have no magic formula for the realization of these objectives, but I submit that we can approximate them when and only when we begin to think about them seriously and purposefully.

Is it that we are too prosperous and too well supplied with comforts, too secure and too soft to be serious about these things? Would we be greater if our wealth were less? James Fitch, Associate Professor of Architecture at Columbia, touched on this thesis in a recent article entitled "The Esthetics of Plenty."² At the close of a paragraph on the great diversity and generally low level (as he sees it) of the American's sense of artistic values he wrote:

"Our . . . popular explanation . . . is simply that of our wealth; our design is flabby because we are too rich. The corollary of this thesis is that our design would improve if we were poorer; art thrives only in a garret. . . . All this has a fine mellow ring, but unfortunately history gives it no support. High levels of artistic accomplishment occur only in wealthy cultures. Far from being the enemy of artistic production, social wealth seems to be its indispensable base. But this proposition cannot be read backwards; great social wealth is no *guarantee* of great art."

² James Fitch, "The Esthetics of Plenty," *American Institute of Architects Journal*, September 1958, pp. 17-20.

The conclusion Professor Fitch reaches is applicable to many things, including child welfare. Wealth has been a very large factor in bringing us to the present point in our progress in child welfare, but it alone cannot insure further growth in depth and scope nor in gaining the other long-range goals we have set for child welfare in our time. This is still an individual responsibility from which there is no escape; fortunately, however, democracy offers us both the challenge and the opportunity to bring our ideals to fruition.

A passage from a 1952 issue of *Child Welfare* provides an able summary of much that I have been saying.

"Principles do not change. Their innate goals are never reached because once they are achieved they are given up for new ones. Therefore our need is to strive for lesser goals along the way; only by so doing can we reach the larger ones now only faintly perceived.

"The field of child welfare alone cannot realize for children all those conditions of life essential to their maturity as future adults, nor can the fields of social work together achieve this. We have to convince many others in our society; workers, industrialists, statesmen, politicians, newspaper people and other citizens that a child's present is the future of us all.

"Finally, the basic principles of child welfare are sound and enduring. We do not need a set of new ones but more, a renewed conviction as to their value for all children and through them for the country and the world."

I shall not elaborate on these observations made some seven years ago by Dorothy Hutchinson;³ nor could I improve the grace and form in which they are expressed. I can only add that if in the final analysis we must choose between the exploration of outer space and the cultivation of the inner self as a guarantee of future security, I choose the latter. In the long sweep of history the race will not be to the strong, the swift and the mighty; it will be to those in our own and other lands who are willing to stake their lives, if need be, on democracy's insistence that reverence for human life must prevail. If our generation can succeed in demonstrating this conviction to those who will follow us, we will have gone a long way in keeping faith with the children of America.

³ Dorothy Hutchinson, "Basic Principles in Child Welfare," *CHILD WELFARE*, December 1952.

EDUCATION FOR SOCIAL WORKERS

Discussions of *Education for Social Workers in the Correctional Field*, by Elliot Studt (50 pages, \$2.50), *Education for Social Workers in the Public Social Services*, by Irving Weissman and Mary R. Baker (192 pages, \$3.75), and *Education for Social Workers in the Rehabilitation of the Handicapped*, by John J. Horwitz (96 pages, \$2.50). These reviews of volumes V, VII and VIII of the thirteen-volume curriculum study published under the auspices of the Council on Social Work Education are being presented in the form of articles because of the special importance of the curriculum study to the field.

THE CORRECTIONAL FIELD

Charles H. Shireman

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Education for Social Workers in the Correctional Field, grew largely out of the work of the Committee on Corrections of the Council on Social Work Education and of various work group sessions and panels which it has sponsored in the last several years. The Committee Chairman, Elliot Studt, has done a masterful job of weaving from these sources and from her own long study of the subject a concise, logically-developed analysis of the nature of the social work task in corrections and the educational objectives necessary in training social workers in this field. This report seems to have been written relatively independently of the other volumes of the curriculum study, and its recommendations for social work training may be considered quite apart from such other study recommendations for reorganization of curricula as, for example, the highly controversial proposals on the "undergraduate-graduate continuum" in social work education.

Mrs. Studt establishes correctional social work as a distinct field of practice, unique in the two reciprocal roles central to it—those of "a social worker legally responsible for both generalized control over and services to clients" and of "clients who are clients because they are officially identified lawbreakers." Out of these reciprocal roles flow a variety of tasks that are distinctly appropriate to social work, but do require appropriate study to identify necessary adaptations of generic social work methods.

Central to Mrs. Studt's work is her cogent analysis of a series of "core concepts" which define the essential nature of correctional social work more clearly than I have ever seen

it done. These concepts include delinquency and criminal behavior as forms of *deviance* from core values of society; the *social selection process* by which certain persons are selected from a much larger offender group for treatment by the correctional agency; the *subcultures* particularly important in shaping the attitudes and behavior of the correctional clientele (particularly the lower class, delinquent or criminal, and correctional subcultures); the *acting out disorders* commonly evidenced by the correctional client; the *handicapped status* legally assigned him and the particular forms of *stress* to which he is subjected by the community whose standards he has violated; *correctional agency structure* with its complicated series of relationships with other professions and the frequently conflicting tasks assigned it by society; the use of the *institution* and of *legal authority* as tools of both treatment and social protection; and the *correctional responsibility for value change*, with its purpose of affecting the ways in which values are expressed in action.

Mrs. Studt's analysis of these concepts and of the knowledge, attitudes and skills they suggest as necessary to the preparation of the correctional social worker will be of very real help to social work educators as well as social work practitioners, both in correctional agencies and in other settings where work with the offender is an important agency function. Her analysis deserves their careful study.

In reading this volume one should keep in mind Mrs. Studt's major charge, which was to consider the necessary special characteristics of the training of social workers for the correctional field. This accounts for what seems at first reading to constitute a particular emphasis upon the differences between correctional and other social work, although the author briefly notes the need for equal

awareness that a sound foundation in generic social work is essential.

Mrs. Studt has given us, in this short volume, a firm basis for the study and future development of both correctional social work teaching and practice. The goals she sets are vital and the path toward their achievement, though long and difficult, will be exciting and rewarding.

THE PUBLIC SOCIAL SERVICES

Charles I. Schottland

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THE completion of the Curriculum Study of the Council on Social Work Education, under the general direction and coordination of Werner W. Boehm, bids fair to be the most important and significant influence in social work education during the next few years. Its thirteen volumes cover almost every aspect of social work activity and interest.

Volume VII, *Education for Social Workers in the Public Social Services*, by Irving Weissman and Mary R. Baker, deals with an area long neglected by many social work educators. Employing about two-thirds of all employed social work personnel, affecting the lives of millions of our citizens, presenting the most serious problems of personnel shortage, and growing in size and importance, the public social services are now, and will be increasingly, a major factor in social work education.

I believe that this volume will have a profound influence on social work education. Although most of what it says has been said before, it brings together a comprehensive statement of the problems, the job requirements and curriculum implications, in a way that makes it imperative for schools of social work to take a hard look at their curriculum and to ask the question, "Are we really training for the largest area of social work practice, the public social services?"

This volume represents one of three projects (out of twelve in the Curriculum Study) which

were undertaken to develop suggestions for social work education objectives. Although originally designed to encompass a broad range of public social services—including mental health, schools, courts and other agencies—the financial, staff and time considerations necessitated a more restricted and manageable field of study. As a result, the project was limited to public assistance and child welfare programs. The reasons for selecting these two areas are well presented by the authors.¹ They include the recognition of these areas as pivotal services "in the whole structure of community social services," the recognition that these programs are "social work functions," that only 4 percent of the public assistance workers and only 20 percent of public child welfare workers have a master's degree in social work, and the commitment of the two fields to the goals of social work education for all professional social work personnel.

The "Critical Requirements"

The study was focused on four key social work positions: caseworker, casework supervisor, local director, and state field representative. In contrast to some earlier efforts, the study concentrated on "critical incidents" as a basis of job analysis from which to infer educational needs.

The results of the project will be of value to the field of practice as well as education. The analysis of client problems faced by the caseworker emphasizes anew the broad area of problems in public welfare—problems which are as challenging and significant as those faced in any other field of social work practice. The study suggests that curriculum objectives designed to meet these practice situations must include study in a wide range of human problems, the impact of problems on human behavior, and the role of the public welfare worker in identifying problems and helping to solve them.

A distinct contribution to the practice area is the classification of the "critical requirements of the caseworker position in public assistance and child welfare." The listing of some eighty-five tasks and areas of work should prove helpful in in-service training, supervision and job analysis. Too little attention has been paid to this in the past.

¹ *Education for Social Workers in the Public Social Services*, pp. 4-7.

A similar listing of seventy areas of work for the local director points up the complex job faced by more than 3,000 local public welfare administrators. It is one of the best descriptions of the local director's job which has been published. Particularly significant for the social work curriculum is the conclusion that "administration of social work programs calls for professional social work education in the direct service methods and in administration as a social work method." This statement, backed up by the analysis of the job, should be helpful to public welfare officials in their efforts to raise the standard of educational achievement for local public welfare executives.

The analysis of the job of the first-line case supervisor brings out clearly the far-reaching nature of the supervisor's influence. Although the implications set forth for the social work curriculum are similar to those applying to social casework supervisors in other fields, the authors raise some provocative questions about the supervisor-worker relationship, such as the ability of the supervisor to make decisions which may be "possible only from the professional person—the caseworker—who knows the client."

As a former public welfare administrator, however, I find the discussion of the state field representative to be perhaps the most interesting part of the report. Few positions in public welfare are as important and few have been given less attention. The state field representative is frequently the only link, and almost always the chief link, between the state and the local community. Acting under a state law that requires programs in all political subdivisions (a requirement of the Social Security Act), the state field representative must be a paragon of many virtues: He must be an administrator who assists in the development of the local program as well as the state activities; a public relations expert interpreting state laws, regulations and goals to local communities, and local problems and difficulties to the state; a supervisor whose skill encompasses supervision not only of workers but of whole agencies; a community organizer who may find it necessary to work with community forces outside the usual governmental channels.

Implications for curriculum, the report states, are that understanding of both case-

work and administration are needed. Stressed also is the necessity for training in community organization and social action.

It is difficult to assess the long-range contribution of Volume VII apart from that of the curriculum study as a whole. Certainly it is a significant part of the total study. Its impact, however, may well go beyond the contributions of the remainder of the study, particularly in certain specific areas:

The analysis of job requirements through the use of the critical incident method has provided a clear picture of four of the most significant positions in public welfare.

This method of analysis could be used more broadly to provide a "relatively complete descriptive classification" of important activities in all social work jobs.

Whatever its effect on curriculum, the report will probably have considerable effect on the public welfare field, in assisting efforts to raise personnel standards and in understanding the public welfare job in all of its complexities.

Although the report should be very significant both for practice and curriculum development, it does have many shortcomings from the standpoint of a complete analysis of the problem. Unfortunately, for reasons already mentioned, the study did not go into other areas such as mental health, probation, public health, and schools. The use of the critical incident technique to study the social work jobs in these areas can be a subject for further exploration. I believe also that the curriculum implications set forth in the report fail to recognize the importance of a knowledge of government, government organization, bureaucratic behavior and related matters. Certainly, the critical requirements offered for the positions of state field representative and local agency director would indicate the importance of a thorough grounding in the complicated tasks of public administration. Underemphasized also are the curriculum implications in the area of administration. The critical requirements, particularly for the local agency director, clearly indicate that the well-established activities and duties of the public administrator in other fields apply equally to the local agency director.

The curriculum implications in the report do emphasize three points of learning: the knowledge of the various administrative roles,

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REHABILITATION

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the administrator's relationships within the agency as they affect decision-making and action, and the administrator's role in community organization and social action. However, the report does not emphasize, as does Volume III of the Curriculum Study, *The Administration Method in Social Work Education*,² some of the curriculum implications in the area of social administration: the theory and practice of organization, policy formulation, personnel administration, and the whole gamut of administration functions. I stress this because it is becoming increasingly clear that knowledge and skill in administration by the public administrator is frequently a major factor in determining whether a public welfare agency is "poor," "good" or of "high quality," within, of course, the legal limitations of agency organization.

Although these are a few of the "deficits" in the report, on the whole it is such a substantial and worthwhile contribution that it is to be hoped it will be studied and used extensively by public welfare officials and social work educators.

REHABILITATION OF THE HANDICAPPED

Anne W. Cochintu

Executive Secretary
The Children's Mission to Children
Boston, Massachusetts

VOLUME VIII, *Education for Social Workers in the Rehabilitation of the Handicapped*, by John J. Horwitz, should be commended for the breadth of its coverage, and the detailed presentation of many facets of social work in the rehabilitation of the handicapped. Particularly cheering is the stress put on the social worker's participation in community thinking about the handicapped and the many ways of mobilizing public opinion. One sees clearly the impetus for the marked strides that have been made in the whole rehabilitation movement, and the continuing positive role that skilled social workers can fill.

In the sections which discuss the team concept, the importance of the team, the need for mutual respect among members, and the use of flexibility and rotation in leadership of the team are especially well delineated. It is well emphasized that the social worker must be able to make clear to others the role of social factors. More attention should be given to training for this task, since it is widely recognized as one of the most frequent requirements for social workers employed in medical settings. Although other disciplines may intend to focus on the whole person, their training and interests have focussed on specific problems. Only the social worker has had the social component as her major interest, and the best social adjustment of clients as her major goal. She needs the confidence of broad knowledge and conviction derived from her training, plus the skill to explain this knowledge, particularly on those teams where other disciplines are customarily authoritative.

Throughout this volume, almost nothing is said of the basic casework relationships with clients that are needed. The client must first be understood as a person before he can be understood as a handicapped person. Too much of the emphasis is on "the problem" rather than on the person. I realize that Volume X of the curriculum series is entirely devoted to the social casework method, but some reference should be made to the fundamental reliance on this method in working with persons in rehabilitation.

Although the coverage of this book is excellent and stimulating, I doubt if all the points listed need to be part of the curriculum of the graduate school. Certainly more time should be devoted to a thorough grounding in the casework process and to the application of our knowledge of human behavior, without which the most intensive efforts in rehabilitation will often be unproductive. Many of the more practical angles could be learned in the setting if any type of supervision is available. The exercises suggested for students, although of teaching value, are all geared to procedures and information rather than dynamics. Since the other disciplines in rehabilitation settings are intensively "problem focused," the social worker's training must be especially sound and "person focussed" if she is not to be numerically overwhelmed and kept from giving the most important service she has to give.

² Ed. Note: Reviewed in the April 1960 issue of CHILD WELFARE.

DUAL THERAPY IN RESIDENTIAL TREATMENT*

Herbert Schiele, M.D.

Psychiatrist

Don M. Harris

Chief of Professional Services
Southern Home for Children
Philadelphia, Pa.

SOUTHERN HOME has been experimenting with a new residential treatment program,¹ nonsectarian and interracial, for approximately forty emotionally disturbed boys and girls of school age. The children have free access to the community.

A few general criteria are used in selecting children for our program. The child must be too upset for out-patient care, or it must be obvious that the combined child-family problem is insoluble without residential treatment. However, the child must have sufficient ego intactness to get to and from the public school by himself most of the time and to function at least minimally in a school room. This implies that most of the time he can conduct himself on the street, in stores and in movies without extreme disturbance.

Within this broad range, we select a fairly specific type of child. This selection is based not on a particular diagnosis nor on a certain set of symptoms, but almost entirely on the availability of affect. We spend much time and effort examining prospective residents individually, with other children, and in their own homes. More than one staff person meets with the child to help us ascertain whether any detectable spark of feeling exists as a starting point for developing relationships adequate enough to allow the working out of his problems.

When the spark is present, it is usually quite readily fanned into a conflagration of affect. Then the child can exercise his aggres-

Therapy in which the psychiatrist and psychiatric social worker see the patient together.

sions within the confines of the institution and accept help in controlling them, and can find adults on whom he can vent his distorted rages. As the pent up, poorly controlled hostility is gradually relieved, relationships are formed with staff members; and what is more important, additional energy is released for constructive use. The sense of personal worthlessness and the drive toward self-destruction is mitigated as the child develops a more positive image of himself. Because poorly controlled aggression, working internally as well as externally, appears at the core of most of our cases, we find that actively seeking out and developing the aggressive impulses provides the patient the most expedient route towards developing positive relationships and building new personality patterns.

Our dual therapy operates within a program based on the concept that the total environment will be conducive to expression of the child's conflicts. As the pattern of the problem evolves, the child receives help in focusing from every staff person with whom he comes in contact during the day. As he becomes aware of the nature of his difficulty, he is able to use help in correcting it.

The help given by the staff varies with the staff person and also with the particular case and the phase of treatment. For instance, an extremely deprived, emotionally hungry eight-year-old may get more from a warm, sympathetic housemother who is not particularly well-educated or sophisticated than he will from his caseworker, during his first year at the home. Yet during his second year he may be able to use casework or psychiatric treatment or both in gaining enough insight to consciously correct his behavior.

Another child will be benefited by constant reminders from home-life staff that he is re-

* Given at the CWLA Eastern Regional Conference, Philadelphia, on February 5, 1960.

¹ Residential treatment is a method of providing a special group living experience. All facets of the program are directed toward meeting the needs of the child; the focus is upon the control, manipulation, supervision and treatment of all aspects of his life while he is in residence. This includes work with all areas of the community with which he has contact, such as family, public school, church, police, and recreational groups.

acting to them in the same way in which he responds towards his parents in his own home. At the same time the psychiatrist will make use of such incidents in individual sessions to illustrate graphically to the child the dynamics of his behavior.

Obviously an important key to "milieu treatment" is a constant flow of information between all members of the staff, with interpretation of the significance of the patient's behavior as it becomes understood. A corollary to staff collaboration is the working out of techniques for translating intellectual understanding into action.

Where the milieu therapy is not used adequately by a child because of his anxiety, other forms of therapy are undertaken until the patient is able to make use of the general program.

An Experiment with Dual Therapy

We have found a need to experiment constantly with many and varied treatment forms to reach youngsters who failed to respond to usual "recognized" approaches. Dual therapy arose out of the problems of some of our children who were so incapable of achieving object relationships that they could not even remain in the same room with any therapist whenever anxiety-producing, threatening material was introduced.

In the case of seventeen-year-old Joel, the psychiatrist had been working with him along classical lines of insight therapy while the social worker had been concentrating on situational living problems. Since neither approach, nor any combination of the two, appeared to meet with any degree of response or success, the psychiatrist and social worker decided to see him jointly. Since this effort produced the first inkling of a positive therapeutic response, a series of such "dual therapy" interviews was arranged with him.

Joel had come to us about one year earlier after he had become involved with school and police authorities for stealing, burglary and excessive truanting. His school problems traced back to the fourth grade. Although seldom overtly defiant, he sought to express his anger and hostility towards the world, and towards his parents in particular, in acting-out behavior.

Joel came from a home rocked by marital conflict from the inception of the marriage. He

was the oldest child and took the brunt of the parental abuse. The mother was an extremely hostile, tense, bitter woman, who sought to strike back at her husband and all males through her relationship with Joel. The husband was a big, brutal but inadequate man who strove to shut out his marital difficulties by drinking, extra-marital affairs (in some instances he took Joel with him overnight on such escapades) and physical abuse of his family. He saw Joel as a threat to his own concept of masculinity, and beat him frequently. The mother overprotected Joel, smothering him in an overdependent relationship. Whenever he got into trouble, she would blame others and try to exempt him from any responsibility. The father would beat him verbally and physically.

When Joel came to us, therefore, he could express overt anger towards his father but could not express or recognize, consciously, his real feelings towards his mother. His subsequent acting-out, behaviorally and verbally, while in residence, was of a diffuse nature, preventing anyone from reaching him effectively. One of his most effective expressions of resistance was to leave the office whenever anxiety-provoking material was introduced.

Joel's physical acting-out and profanity remained at a high pitch. But despite his verbal denials of wanting help and some behavior to precipitate conflicts with us, he always remained within reach for each dual therapy interview. Although saying he would not see us, he invariably showed up and remained for the full session.

A Session with Joel

In one session, we found Joel extremely upset and irate, early in the morning. Spouting anger and hostility, he announced that he would not go to school. He made some half-hearted efforts to run out of the room, always, however, permitting the social worker to intervene successfully. While the worker held him down on a couch, he ranted and raved that no one could treat him like that. After about twenty minutes, he finally blurted out that he wouldn't "go to school in these damned pants." They were extremely tight and ill-fitted, especially around the crotch. The social worker said that if this was all that was keeping him from attending school, the matter could be remedied. He was taken to our matron and permitted to select a pair of pants which fitted him.

When he returned to the office, we talked about his having had a free choice of pants and he was asked why he had been wearing the tight pants.

(We had been under the impression that he had made the choice with his mother.) He muttered that he didn't buy or choose his own clothes and when asked how he got them, he burst out, "My mother buys them for me and she never gives me a chance to choose anything and she always gets them too tight for me." He went on to say that he felt she did this on purpose.

This was the first time in a year that Joel had ever expressed anger towards his mother. The psychiatrist picked up the significance of his statement and sought to interpret to Joel the import of his remarks and feelings. While continuing to express anger and resentment, Joel began to cry. The psychiatrist pursued the matter, saying how difficult it was for Joel to have his mother do these things and make him feel like a small boy. Joel was able to continue the interview on this level and to accept the psychiatrist's interpretation that while he had always seen his father as the problem, he was really in severe conflict with his mother but incapable of admitting this even to himself.

At the conclusion of a series of such sessions, we asked Joel how he felt about being seen in dual therapy, pointing out that he had never been able to work successfully with just one therapist. His answer was that confronting two people tended to lessen his discomfort since he could switch his attention from one to the other. He felt that it also gave him a sense of physical security since he knew that two of us could keep him from leaving the office, obviously a problem which had bothered him in the past.

On the basis of the favorable experiences in these interviews with Joel, we began to hold dual therapy sessions with other children who had not responded to other approaches.

Theoretical Aspects of Dual Therapy

Let us now look at the theoretical aspects of this treatment technique. Many of the patients at Southern Home, like Joel, are unable to tolerate a relationship of any degree with a single person. Apparently the threatening aspect to the patient is the concentrating of his hostility in one area or situation in which his attention is constantly directed to the hostility; this contrasts, for instance, with a situation in which the hostility explodes into an

anti-social act and so is relieved, often with little awareness or guilt on the patient's part. With two therapists present, the patient's tension may be kept down to a workable level by several means: He may direct the bulk of hostile affect to one therapist while verbally working on his problem with the other. For example: when the recipient of the hostility asks a question, he will quite likely get some such response as, "Shut up, fat-head!" Then the patient is free to discuss with the more neutral therapist what motivated the angry outburst. A similar mechanism comes into play when the intensity of the relationship suddenly runs too high, and would ordinarily result in physical acting-out, sullen silence, or the patient's hasty retreat from the office. Interestingly enough, the second therapist can often pick up the thread of the interview, while the hostility remains with the first therapist.

At times the affect stays more with the material than with the therapist; in these instances, one person may deal with material which is relatively non-anxiety creating, while the other can tie in the more upsetting material where appropriate and possible.

Dual therapy aids the therapist in reaching the patient. Many of our children cannot be kept in the office long enough even to initiate a therapy session without using physical restraint. Verbal therapy becomes very difficult when it is necessary to restrain the patient and work on the material at the same time. One person holding the patient and one talking to him proves much more effective.

There are children who, by evading issues and utilizing situational incidents to befog the issues at hand, can outmaneuver the therapist in his attempt to keep them working on the essentials. The team member who is at the moment uninvolved is often able to detect the point of departure by the patient and to bring him back to material he is resisting.

The combination of the caseworker, who is involved with the patient's everyday life and has a definite position of authority as a dispenser of such sought-after activities as home visits, and the psychiatrist, who knows the child and participates in decisions regarding him but is not an authority figure per se, is very useful. It leaves the psychiatrist free from what can be a never-ending cycle of excursions

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into the details of institution life surrounding some particular act or anxiety of the child's. A realistic handling of these excursions by the caseworker leaves the psychiatrist freer to consider the dynamic aspects of the material, and to interpret it to the patient without his being able to use fabrications about his present institution or family situation as an effective resistance.

One of the most important benefits of dual therapy is the support it gives the therapist in dealing with his own anxieties or aggressive feelings. In a session alone with a very hostile, aggressive patient, it is possible to spend as much energy on one's own realistic and counter-transference feelings and thoughts as on working with the patient on his material. Having two therapists at work often gives one an opportunity to stop and refocus on the patient's dynamics as well as to appraise one's own reactions more leisurely.

In Conclusion

Our experience in dual therapy arose out of a need to cope with a specific kind of problem. It appears to be a challenging addition to the treatment methodology. We recognize that the concept and method do not originate with us. Nevertheless, we believe that in its application to residential treatment, as an adjunct to the over-all treatment milieu, this technique has many values and many potential areas of application worth exploring. Tentatively, these include the use of a dual therapy approach in:

Diagnostic evaluations.

Coping with situational emergencies.

Creation of movement in specific cases.

The ultimate goal in all our efforts and techniques in treatment is to evaluate and build up the ego strengths of the children with whom we work. We hope that dual therapy will help us reach this goal.

EDITORIAL COMMENTS

The Press and Controversial Issues

FROM time to time, newspapers and other mass media become excited about a specific case involving a child welfare agency which results in continued publicity, often on a national level. In most instances the stories place the agency in an unfavorable light, largely because the agency adheres to a policy of refusing to discuss the matter under consideration for reasons best known to it. Often the agency is silent because it does not wish to become involved in public controversy or because it believes its relationship with its clients is totally confidential, and any discussion would violate that relationship.

The result of this policy is that frequently not only the specific agency concerned, but all child welfare agencies doing similar work, suffer both the immediate effects of negative public reaction and also residual effects which are damaging to foster home recruitment, fund raising and related activities.

The most recent example involved the New Jersey Board of Child Welfare which, because

of the pressure of negative public opinion, was forced to back away from its position that a couple was unsuitable as adoptive parents because "they spent too much time looking at television and did not have enough books in their home."

Over a period of weeks this apparent unreasonable and unscientific attitude on the part of the agency was allowed to stand in the public mind as the accurate representation of all of the facts in the case. The agency involved maintained a position of not commenting on any of the charges leveled against it. This resulted in irreparable harm to every child welfare agency in the United States.

I believe that agencies facing such a situation would be wise to review their position with the following guide lines in mind:

1. At the time it becomes apparent that the press is going to print a story or a series of stories which will place the agency in an unfavorable light, not warranted by the facts, it is the obligation of the agency to work with the press and not take refuge in "confidentiality."

Where natural parents, foster parents or adoptive parents have carried their case to the press, in many instances it is wise to call in the parents and in the presence of counsel advise them that the agency will have no alternative but to release its side of the case in full to the press. The agency has no right to jeopardize the welfare of thousands of children while "protecting" the confidentiality of one set of parents.

2. Recognizing that often there are sound reasons for an agency's refusal to disclose publicly the reasons for some of its actions, there are still effective ways of dealing with such situations. One such way is to appeal to the responsibility of the press by discussing with them candidly but "off-the-record" exactly what the situation is. Without an exception, newspaper people and other media people who agree to attend an "off-the-record" session will respect this confidence.

Such a procedure would also have the effect of neutralizing whatever stories do appear, if the stories are not killed entirely. In some instances it might be possible for an agency spokesman to give some background information to media people, not necessarily for direct attribution, but for their guidance in writing stories. In this way, reporters and program people have a fuller understanding of the true issues. Unless an agency will take such action, it will suffer from a one-sided version which is bound to reflect discredit not only upon the agency itself, but upon all agencies doing similar work.

Because such stories do appear in print from time to time, I believe it would be desirable for agencies to review their policies to see if they can formulate a new approach with the suggested procedures in mind.

VICTOR WEINGARTEN

League Consultant on Public Relations

There is still no substitute for services based on accepted standards and offered by qualified staff. Unfortunately they were absent in New Jersey.—Ed.

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IT IS GRATIFYING to be able to report that one editorial which came to our attention dealt fairly with this issue. The *Patriot*, local Harrisburg, Pennsylvania newspaper, is to be congratulated on its editorial of March 17th, "The Case of Little Alice I.Q."

The editorial reviews briefly the story of the Combses' desire to adopt the child who had been placed with them on a boarding basis, and with the agreement that this was to be for a temporary period. Although the Welfare Board had "long ago decided that Alice could be better off with other parents," the family took steps to adopt the child. This caused widespread publicity. The agency finally retreated because it was concerned that further controversy and "attendant publicity can only injure the child."

Proceeding to discuss the important issue—"what to do about cases of this type"—the editorial says:

"While weighing the many factors in an adoption case, agencies place homeless children in foster homes rather than in orphanages. This is, of necessity, a temporary arrangement, and the vast majority of foster parents cheerfully accept it as such.

"Does the outcome of this case mean that any foster parents who suddenly decide they want to keep a child can, if they delay long enough and appeal to public sentiment, successfully challenge the agency or the courts? The Combs did just that. Ignoring the agreement they signed originally, they delayed removal of Alice, first on a plea of the foster mother's health, then through legal appeals. After sufficient delay, it was easy to argue that the child would suffer psychological damage if removed from the people to whom she had become attached.

"This is not to say that the sympathy for the Combs was wrongly directed. Love—parental, foster-parental or any other kind—was a way of smashing through legal barriers, and much of the public's reaction was an identification with this feeling.

"At the same time the New Jersey welfare board got far more of a public drubbing than it deserved. It should be recognized that an agency of this type is not an "official meddler" as one critic charged. It is the one intermediary in our society that is in a position to pick up the pieces from all of society's shattered homes. This is a difficult, sometimes heartbreaking job. Is there anyone else to do it?"

The editorial ends wisely with this observation:

"But no individual case, with its many delicate factors, can be decided fairly under a barrage of public sentiment, no matter how well-intentioned it is."

J.H.R.

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PLACING THE SECOND CHILD FOR ADOPTION

Lydia T. Hicks

Supervisor
Child Adoption Service of the
State Charities Aid Association
New York City

Placing children with couples who have already adopted one may benefit not only the new child but also the adoptive parents and the first child placed with them.

ALL parents undergo a maturing process through caring for, and learning to understand the differences in, each child who comes to them, whether through birth or adoption. How much the first child has endured the burden of parental learning is often not appreciated until after the arrival of the next baby. Then parents will often tell us that although they had thought they were perfectly comfortable with the first after the normal anxiety of the early weeks in their new role as parents had worn off, they now realize that there are varying degrees and different ways of being at ease as parents. Even in the midst of difficulty, although worried about the outcome, parents are apt to be less encumbered by the fear of failure to do the right thing. They have learned more of their own potentialities. To have become better acquainted with the core of the inner spirit is an enriching experience, and the second child reaps a generous harvest.

The first child usually benefits by having a brother or sister even though the emotional hurdle, at the beginning, may be hard to take. The coming of the second child increases the first child's maturity in the eyes of the parents. Sometimes, the increase is out of proportion and the first child suffers by being pushed out of his infancy too fast; but normally, it is just enough to inject a wholesome opportunity for some independent growing. By growing up together in the give and take of family life, both children may be expected to be better prepared for adult interpersonal relationship than if each had grown up as an "only" child.

What I have said is true for any child and his parents. In adoption, there are additional advantages. The first child and the adoptive parents can relive the placement process and thereby feel again, at a deeper level, the meaning of adoption. The parents who have lived through the practical acceptance of adoption, and have had their complex feelings about adoption "tested out" by the first child, are

able to help the second one accept adoption more naturally. Two or more adopted children growing up together in a family will find it easier to carry any feeling of being different, because they can share it.

By the time the second child is placed, adoptive parents are more sure of their relationship to the agency, and consequently less anxious or self-conscious, more "themselves." Not only does this enable the agency to arrive more confidently at the decision to accept their application for a second child, but the agency can select a particular family for a particular child with more sureness. The agency has more understanding of the subtle ways in which the parents function and therefore more understanding of how they may be suited to the child. With their greater acceptance of the agency, the parents are freer to recognize mistakes they made with their first child. This increases their capacity to meet the needs of two children.

Adoptive parents asking for a second child may not need the same experiences they sought with the first child, and so may be ideally suited to accept, love and help a child with special needs. If their experience has enabled them to provide a calmer, more relaxed atmosphere, they usually will not need from the child so much emotional response so quickly; thus there will be less pressure upon the child for achievement.

A Second Child Placement

Because her mother had great difficulty in surrendering her, Theresa was eight months old before she could be placed for adoption. From the first, she had been high-strung. She startled and cried easily. She continued to have feeding difficulties with some regurgitation at all meals. Allergy to common foods resulted in loose stools or skin rash, unless she was kept on a rigid diet. All tests had ruled out any disease or abnormality. What Theresa seemed to need was the permanency of warm, loving, relaxed family life.

The Bradley family was chosen for Theresa because of the way they had helped Jack, their first child:

The worker who had originally taken Jack under boarding care at eighteen months of age did not recognize him after the two and a half years that had elapsed. Then he had been a thin, frail, colorless, girlish-looking boy who retreated within himself when confronted with a strange face; on seeing a new toy he would draw his hand back as though fearful of making contact. Now Jack is strong, sturdy, confident, handsome and boyish looking, with sparkling eyes and a friendly grin.

His adoptive parents recalled how little by little Jack had relinquished his fears. The Bradleys had loved him just as he was, and had never tried to hurry him, even by a kindly "big boys are not afraid." The warm, accepting atmosphere which they created nourished this emotionally-starved little boy. As he was able to move out a little, they had no need to hold him back, nor to overpraise. Their giving was a sort of overflow of plenty.

The Bradleys are unusually well-endowed with a naturalness for living and loving. The adoptive father is a skilled workman whose self-respect extends to all people, and who enjoys the work he does and takes pride in it. He is well organized and relaxed. The adoptive mother has a sturdy spirit, and sensitivity as well as strength. The intuitive sort of communication between husband and wife proved to be a true indication that they would be of equal though complementary value to a child, without any hurt feelings or rivalry between them as they changed from a "couple" to a "family."

Jack resembled the adoptive father in physical appearance and ethnic background. At the time of placement we thought he was like the mother in personality, but by the age of four it was plain that identification with the father was influencing him to become like him in every way.

The agency believed that it would make a more balanced family if the Bradley's second child were a girl; this was in accord with the family's preference. Theresa resembles Mrs. Bradley not only in general appearance and coloring, but also in inner strength. We felt that Theresa was using this strength negatively, but that when freed for constructive use it could enable her to take advantage of what the Bradley family could give.

Theresa's parental background, in nationality, general education and achievement, was similar to Jack's and very much like the Bradleys'. In some second-child placements there is a vast difference in backgrounds, though the qualities of the children themselves are similar enough to eliminate unhappy comparisons. At our agency we have learned to think ahead, when the first child is placed, to the possibility of placing a second. This may modify the way in which we present the first child's background. For example, if the parents, grandparents, and close relatives all worked successfully in professional careers, instead of spelling this out with enthusiastic tone of voice, we might say in a matter-of-fact way that the parents were both engaged responsibly in professional work. Then, if later on a second child is to be placed who has promise although he comes from a less promising background, the adoptive parents will be less likely to question the wisdom of the choice.

Our agency centers confidence in the child's own potentiality more than in what he may inherit. But we make allowance for the fact that most adoptive parents, lacking the agency's experiences in this area, are apt to place more confidence in heredity.

Considering Ages of Both Children

At the time of Theresa's placement, Jack was four years old. Although they had begun to consider another child when Jack was three, the Bradleys wanted him to have his parents all to himself for this extra year, because he needed to consolidate his gains before being subjected to competition with a younger child.

Timing is important in planning the placement of a second child. Consideration should be given both to the children's ages and to the preparation of the first child and the adoptive parents for the second placement. While there are no cut-and-dried rules about children's ages at the time of placement, there are general guides. The first child will be less threatened by his mother's involvement with an infant if he has begun to establish some independence for himself in walking and eating. From then on his interests have a more outward pull. And as long as there is no dearth of homes for normal white infants with conventional backgrounds, it seems fairer to both

children and parents that the first child be able to express himself verbally before having to share his parents with a newcomer. There can always be exceptions on the basis of need. If he has learned to talk in sentences he is still more able to cope with feelings of jealousy, since expressing hurt in words diminishes the need to express it with body blows.

But if the first child needs to hold on to babyhood longer even though chronologically he "ought" to be ready to move ahead, he should not be pushed by the placement of another child. His unreadiness may spring from his own early deprivations, rather than from his adoptive parents' need to keep him too dependent or to push him ahead too fast.

Sometimes our well-founded confidence in the adoptive parents' competence as parents, coupled with their eagerness to get their second child quickly, tends to make us lose sight of why we originally thought it better not to place a second child until their first has progressed a little further. Often the adoptive parents "plead through their first child" by saying such things as, "He asks in his prayers every night for a baby brother (or sister)," not understanding that children who do this are usually mirroring their parents' wish in order to get approval.

A little margin of age difference between children can preserve buoyancy for the adoptive mother which will bear dividends for the children. We are apt to forget that during the winter both children may be down at once with the communicable diseases, and if one baby is out of diapers the stresses and strains are diminished.

People may think they want to adopt a child who is older than their first. Such a plan can be worked out occasionally, but very few older children who come to an adoption agency could tolerate the strain of such a placement. It is too hard for a child as emotionally deprived as the majority of these children to have to step into a ready-made role of older and forbearing sibling to a securely established younger one, who will always be given more leeway because he is younger and realistically more dependent. Almost always, more will be expected of the older one than he is able to live up to, and he will have slight opportunity to regress in a normal way.

It is very important to allow time to prepare the first child and to create the proper atmosphere for receiving the second child. There is not any one thing parents should do to prepare the first child, but they need to be alert to how he may be affected by the coming of another child, and to strengthen his ego in preparation for it. Sometimes the simple advice to promote him from his crib to a bed in a larger room starts an adoptive parent on a whole new train of thought. One parent was amazed to find how proud it made the boy to feel he was recognized as old enough to make such a move.

An adoptive mother told us recently that in thinking about a second child she had begun to realize that her enjoyment of her son's babyhood had kept her from giving him enough opportunities to try to do things for himself. She saw the wisdom of waiting a little for a second child until both she and the boy had had more time to experiment in freedom—she in giving it, he in exercising it. We felt that this mother was growing responsibly through her insight into past mistakes.

Preparation of the Family

The Bradleys, though outstanding adoptive parents, had had considerable growing to do at the beginning, and they deepened their understanding of the meaning of adoption while helping Jack get ready for Theresa.

They were now well past their struggle to accept infertility. This had been fairly well handled at the time of their first application for adoption, but there were some remnants of feeling about it which were reactivated at the time of Jack's placement. This had made them a little reluctant, at the beginning of placement, to put into words for Jack anything they thought he might be feeling about his former life, including his boarding parents. They felt that if they said nothing, all would be forgotten, rationalizing that Jack, then almost two years old, was too young to understand. But with the worker's help they had been able to take the next step in their own growth, for Jack's sake.

Their relationship with the agency became firmer after they had come to terms with their own first reluctance to talk with Jack about his past. If the worker had not been able to get through to them about that topic, it is likely that this small rift would have developed into a larger one. Adoptive parents frequently project upon the agency their own reluctance to tell a child about adoption. The child may then begin to take on

their attitude of fearing the agency and eventually blaming it for some vague error. This confuses the child and is apt to cause him to be ashamed of being adopted.

When the Bradleys had "swung round the circle" and consolidated the gains they had made in their own emotional development, they could think about Jack's natural parents in a more mature way. And Jack, a little older, was able to comprehend more. Hearing about his natural parents again shortly before the coming of the second child helped him to realize the loving care with which parents bring children into their life, and to feel the respect that his adoptive parents have for his first parents and for Theresa's first parents.

Repetition is a vital factor in the learning process, provided it is not repetition by rote. In a new setting and at a different stage of development it can bring vision and inspiration.

About two weeks before Theresa's placement, the Bradleys visited the agency with Jack. Their emotional acceptance of adoption was affirmed and strengthened by reliving with him, at the agency, the story of how and where "we first saw you and knew you were the little boy we had been waiting for." The agency playroom had associational values for Jack. He asked thoughtful questions, which the Bradleys answered honestly and with respect for his past associations. Upon the return home, the Bradleys noted that Jack had become even surer of his relationship to them. Although Jack knew that there was to be a baby sister or brother sometime, he was not told specifically about Theresa until after his parents had seen her and made their decision. Because of Theresa's age and general anxiety, a two-day placement process was planned. This would also give Jack a chance to participate with his parents in beginning to relate to Theresa before she came into the home.

Child's First Meeting with Family

Adoptive parents often need help to understand why their child should not be with them for their first introduction to a new child. Many have thought it would prevent a child from being jealous if he could "pick out" his young sister or brother. But they lose sight of the basic truth that it is the parents, not the children, who are responsible for creating a family. Then, too, parents are not free to make a sound decision about the new child if they are constantly aware of needing to pro-

tect the first child from feeling left out. Even more important, if the child should prove to be not the right one for them, they might hesitate to make a negative decision because of the effect upon their child.

When the Bradleys were told about Theresa, they listened attentively and interjected comparative material about Jack. They approached Theresa gently at the first meeting, waiting for her to show readiness to consider them. She surprised both worker and family by soon settling down comfortably on Mrs. Bradley's lap, with an air of well-being.

On the second day of placement, Jack was introduced to Theresa. His presence was a real help to her; a four-year-old can be of great interest to a baby.

Mr. and Mrs. Bradley gave Jack time to find himself and to move slowly toward Theresa. Gradually they incorporated his play activities with the baby's. Mrs. Bradley told the worker in Jack's presence that he had picked out a name for a sister, and that they would gradually introduce it after Theresa had become used to them, so that she would not be confused by losing her name while so many new things were coming at her all at once.

As the Bradleys moved warmly and competently into the relationship with the baby, they talked companionably with both children about what was happening, such as how they would put on Theresa's wraps, carry the bundles, drive the car.

Because they had constructively lived through Jack's various reactions as he struggled with his fears, the Bradleys were able to provide Theresa with a comfortable atmosphere, without pressing her for an early return of affection or other indications of growth. Theresa had found parents in whom we had more than ordinary confidence. As she is "settling in," all evidence points to a happy growing up.

A Handicapped Second Child

For Juanita, it was even more important to select parents well-known through agency experience.

Juanita, born with a hare lip and cleft pallet, was eight months old when she was placed for adoption. It was expected that she would need several plastic surgery operations. Even then, it was quite possible that she would have a speech defect and a facial scar for the rest of her life.

Doctors believed that speech therapy would eliminate the difficulty, but when pressed, they could not be entirely reassuring.

Juanita had an endearing personality, and was so alert and responsive that everyone who came to know her minimized her physical defect. She continued to trust and enjoy people even though in her short life, she had undergone considerable pain and discomfort from two operations. Juanita also had a strong determination. It had served her well through early hardships, but it could cause much difficulty if she did not learn to channel it constructively.

The caseworker wanted a family who had already had at least one child. Juanita needed parents, who could face the uncertainty of the outcome of the prospective surgery without pitying her—either at present or if the surgery proved unsuccessful. She should not grow up expecting special consideration because of a handicap, or in any way feeling self-pity. She should not have to overcompensate with strident or driving behavior.

This seemed like a large order to expect adoptive parents to fill. But about the time that Juanita needed parents, the Smiths asked for another child who "just everybody wouldn't want." They were not trying to "get a foot in the door." Since they already had two children, they knew it would not be easy to get a third child. Besides, they did care about helping people.

Their two children, Janet and Howard, are twelve and nine. There is something special about this couple. Their integrity and warmth shine out; there is real communication between husband and wife, and unusual understanding of children. The children have always been given as much independence as they could handle. There has been unusual good judgment in this respect. Janet is comfortable within herself and well-accepted by her school friends. She is feminine in appearance as well as in interests. Although making only average grades in school, she excels in domestic arts. Harold's academic interests are equalled by his athletic ability. He reads books far beyond the fourth-grade level. He, too, is popular with his age group. The parents appreciate each child and value each for himself.

It was felt that this family constellation was right for Juanita: there was a big sister old enough so that there would be no grounds for comparison between the two children.

There would be no comparison with the brother because of sex difference and age. In personality and intelligence Juanita was the equal of the other children. In coloring and general appearance she resembled Mr. Smith more than Mrs. Smith, and she looked very much like Janet.

We gave as much thought to how the personalities of the three children might act and interact as Juanita grew up as we would have had there been many homes from which to choose. But the determining factor in selecting this home for Juanita was the agency's experience with Mr. and Mrs. Smith as parents. Their approach to a child's differing needs, their warmth and integrity, their freedom from any need to pressure a child, even subtly, gave us confidence that Juanita's needs could be met, so that even if her physical handicap could not be removed she would have the chance to grow up free of an emotional handicap. This placement has worked out exceedingly well.

Sometimes when adoptive parents have successfully helped a first child with a serious handicap there is a strong temptation to place a second child with a similar problem. Whether or not to do so depends upon whether the first child has consolidated his gains sufficiently to relieve his own problems through another child, with whom he is sharing his parents. It would depend, too, upon the readiness of the adoptive parents to go through this again. It might be safer to place an "easy to care for" child with such a couple.

Home Study for a Second Child

There is a danger that a homefinder may feel too sure of the second-child applicants because of the agency's basic knowledge and relationship with them during study and supervision of the first child's placement. The worker could have a sound basis for such a faith insofar as past experience goes. But the passing of one or two years can bring new factors that must be evaluated.

In different phases of development, children require a deepening of parental capacities. The different stages of a child's growth may reactivate old trouble spots in a parent's own

"skipped stages" of emotional development. This is true for any parent, but the adoptive parent is not only learning to be a parent but is often, consciously or unconsciously, continuing to work on assimilating and accepting his or his spouse's inability to produce a child, as we saw in the Bradleys. Community attitudes and questions of relatives or friends may augment and precipitate anxiety. This can affect the adoptive parents' ability to help a child understand and accept his adopted status. It is normal for this struggle to be going on. Our concern is not with the struggle but the degree of struggle—whether it is being faced realistically, whether it is diminishing, and how much of it is still present at the time of the second-child application.

Perhaps the chief way in which the second-child application home study differs from the study for the first is that it involves evaluating the couple's feeling about their cumulative experience as parents to their child. It is also necessary to understand their child. It is vitally important to understand not only his relationship to his adoptive parents, but how he is meeting the demands of growth. We look for indications of his developing independence. Is it commensurate with his age, or is he being pushed beyond his ability or kept too protectively close to parental care; or regardless of normal parental attitudes, is his emotional development retarded because of his early emotional deprivation? Is the child comfortable within himself, enjoying his relationships with others; or is he indiscriminately friendly or too shy and withdrawn? Continuity in a child's development should be stressed. He does not live in separate compartments but is influenced by every experience he has had.

The Family Constellation

In planning for the placement of a second child, we are reinterpreting the resolution of forces in the interpersonal relationships of a family of three, as they have grown and changed since our last contact with them. How will this balance be affected by the addition of

another child? If the answer is positive, then what sort of child should be placed here?

Since sound marriage is fundamental to the well-being of children, it is important to find out how the marriage relationship has been affected by a child, and how the responsibilities of parenthood have been shared between husband and wife. If one parent is dominant, is it because of greater or less maturity? Does he need to compete with the partner or wish to prolong the child's infancy in order to relieve his own life, or is his dominance due to a genuine understanding of the child, and a desire to help him and to support the partner? How has the child been affected by any of this?

With which parent is the child most comfortable? What is the other parent's reaction to this? If one parent is less successful, is it the one of the same sex as the child? Has this parent grown sufficiently to take on another child? If so, would it be better to place a child of the other sex?

At the time of the first home study, there were estimated strengths and weaknesses which were expected to affect the potentiality for parenthood, such as—ability to give of oneself, to admit mistakes, to use difficult experiences constructively, to accept things as they are, and such tendencies as the need to control, possessiveness, defensiveness. Have these tendencies materialized as the result of having a child?

Re-evaluating adoptive parents' acceptance of adoption at various levels of their experience need not be a formidable undertaking. It requires that we be alert for signs pointing to growth or lack of it in their accepting attitude. In the case of an older child, we note whether they are aware of a child's fumbling ways of trying to talk about his past, and can recognize when he is trying to find out if he is to stay with them permanently. He may be confused about his status and struggling to ask how babies are started and how this applies to him. If parents utilize the veiled opportunities chil-

dren present to try to open a conversation and give true answers understandable to the child, then we know the parents are arriving, or perhaps have arrived, at an acceptance of adoption.

With younger children it is harder to discover what the adoptive parents' attitudes are. It is helpful to ask what they remember about the parents of their child, what they are telling the child now about how he came to be theirs, and what they have thought about the answers they may give to questions he will ask when he is older. If he is old enough to ask questions about birth, does he understand the difference between being a birth child and being an adopted child? How have they explained to their child the agency and the worker's visit? What is the adoptive parents' relationship to the agency?

Conclusion

It is reasonable to expect that more than 75 percent of the applications for second children could eventuate in placement. These applications offer a golden opportunity to the children and to the agency because the adoptive applicants have been enriched by their experiences as parents, and because the agency has a basis in experience for knowing them better than it does couples making a first application.

In engineering, "feedback" is a frequently used term. This means a returning gain to all involved in a process. In second-child placements there is feedback for the children and for the adoptive parents who have the opportunity to reaffirm the gains they have made as parents and to accept their inability to bear a child. Last of all, there is gain for the agency in re-evaluating the first home study in terms of on-going parental experience. This is an opportunity for research, a chance to observe how early predictions have eventuated, which enables us to continue to deepen our understanding.

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THE HOMEMAKER'S ROLE

IN PREVENTION AND TREATMENT OF FAMILY BREAKDOWN*

Gertrude Einstein

Director of Casework
Jewish Family Service of Philadelphia

OUR agency's homemaker service has been in existence for about forty years. While some family agencies went through a period of questioning the importance of homemaker service, favoring what was called "pure counseling," our conviction about its value has never wavered. In the early days, homemakers were used as substitute mothers during the absence or disability of the mother. But they were also used as teachers, since the agency believed that clients should be educated to follow a pattern of living that was "sound" in terms of economics and nutrition. This was during a pre-casework era when we did *for* people, rather than *with* them.

Our homemaker service has become a case-work service par excellence, a service that becomes truly effective only through the close cooperation of family counselor (caseworker) and homemaker. The homemaker represents the service, the counselor takes responsibility for its use—for the way the homemaker offers it and the way the family served uses it.

The purpose of the service¹ as offered in our counseling districts is to keep parents and children together in periods of crisis created by physical or mental illness. Our manual elaborates on this as follows:

"When a home in which there are young children is threatened with disruption because of transitory absence or incapacity of the mother—or another person who carries her role—a temporary mother substitute is supplied to keep the family together. The well being of the family is of primary concern."

The differentiation expressed in the phrase "absence or incapacity of the mother" is important. The homemaker may be used to re-

place the mother temporarily, or to relieve a mother who is not able to carry the whole job of being a housewife and mother. In the latter case, homemaker and mother are in the home simultaneously. Homemaker service may also be supplied after the death of a mother, until long-range plans for the children can be made.

Application for a Homemaker

A homemaker application study usually involves at least three persons:

The mother, who has to see value in the service so that she can tolerate a temporary substitute or an assistant in her home.

The father, who, particularly in the mother's absence, must take on a more total responsibility for his children and sometimes some specific household tasks, like the daily shopping. Thus he has to be involved in the over-all planning for family and household.

The physician, who has to guide the agency in terms of the period for which service is required, needs of the patient, and the latter's ability to take on more responsibility as health returns or improves.

While the children in the family are not necessarily seen directly by the counselor, what the homemaker in the home may mean to them is considered carefully. Thought is given to how they may be involved in the planning, keeping in mind their age, their relationship to both parents and their personalities. They may be prepared for the service either by their parents or, in special situations, by the counselor.

Caseworker, Client and Homemaker

To do justice to the complexities of a homemaker service, I have to refer to its unique characteristic—the three-fold relationship of caseworker, client and homemaker.

* Given at the CWLA Eastern Regional Conference, Philadelphia, on February 5, 1960.

¹ I am excluding the use of our homemaker service in service for older persons, since in these cases no young children are involved.

The homemaker is employed by the agency under union contract, after careful selective interviewing by the supervisor of homemakers. The homemaker has to be a person of some maturity, experienced in running a household and in caring for children. She has to have enough flexibility to fit into a variety of households with varying financial and housekeeping standards. She has to move from one situation to another, even though she may have become attached to the family she is with. She also has to be able to get along with many different, frequently difficult personalities, and finally she has to be willing to work closely with both the homemaker supervisor and the caseworker on the case. Such a person cannot always be found easily, and there were times when we left a homemaker position unfilled rather than hire somebody not appropriate for the job.

Our homemakers get continuous in-service training. Sometimes it is of a very practical nature, such as instruction in the simple kind of home nursing a mother would take on, but more often the training is designed to deepen their understanding of their role with the families they are to serve. For instance, there may be a group discussion of the handling of the younger child, or the adolescent, or of the difference between the handling of the children when the mother is in the home and when she is out. Another time, the discussion may be focused on the mentally ill client whom the homemaker helps to function as housewife and mother. Most of our homemakers have raised children themselves and all of them are doing this work not only for material reason, but also because they get satisfaction from being able to help.

For the counselor, the homemaker case is usually much more demanding than might be assumed by someone unfamiliar with this service. First of all, since a crisis is usually involved, the counselor must be ready to move fast, and at the same time be able to withstand the pressure of a harassed client, who is often impatient with the steps the agency considers necessary to assure constructive use of the service. Furthermore, the counselor must understand his role as a coordinator. He interprets the situation and special needs of his clients to the supervisor of homemakers, then prepares the homemaker for her new job.

These steps follow his preparatory work with the client and attending physician; this includes setting of fee, working out of weekly hours, involvement of children, interpretation of what the homemaker is to do in the household and what she cannot be expected to do. (She is not required to do heavy housework.)

After placement of the homemaker in the home, regular interviews are held with her and the clients. This sometimes necessitates hospital visits. Often the homemaker needs help in understanding how much to take on, how much to leave for the mother to do; how to treat the children; how to adjust to the financial level or housekeeping standards of the family she is serving. At the same time, she frequently contributes very basically to the counselor's understanding of his clients and their use of the service, through her observation of the family's day-to-day functioning and interrelationships. In addition to all the aforementioned tasks, the counselor has to maintain contact with the doctor or the psychiatrist on the case, since the service is based on his recommendations; its duration particularly is geared to medical recommendations. Service may be given for a couple of weeks or up to a period of three months. Administrative approval has to be obtained for extension of service beyond this period. Such approval is likely to be given when more time is needed because of the seriousness of the mother's illness, and when permanent plans for the family need to be worked out—placement of the children, for instance.

How the Homemaker Functions

In many of our homemaker cases, children who otherwise might have had to be placed with relatives, or in institutions, can remain in their own home during their mother's illness. The mother who is hospitalized can think of her family with some comfort. She knows that the agency has taken on some over-all responsibility for carrying out a plan in which she has had a part, and she also knows that a competent and reliable person is taking care of her children. The father can give his undivided attention to his job, and does not have to return to a disorganized home where the job of putting things in order awaits him. The children, who are invariably affected by a par-

ent's absence through illness or by her inability to give them the accustomed care, find in the homemaker someone to turn to. She will not only feed them, keep them clean, attend, in short, to their physical needs, but will also understand their emotional needs, particularly the upsetting effect that a prolonged illness of the mother has on them.

At the same time, the homemaker will attempt to adjust to the children's habits and to their mother's pattern of handling them, since their mother will be the one who, it is hoped, will soon take care of them again. When there is indication that such patterns need to be changed, the counselor discusses this with the clients. More effective methods of house-keeping or child care are not imposed upon them, but suggested within the framework of skilled casework. This is by no means always easy to work out with the homemaker, who quite understandably would like to adhere to her own standards. But anything that would threaten the mother too much and lead to a competitive situation between her and the homemaker must be avoided.

Adolescent children in the household are expected to take on some responsibility for themselves. Again the family's pattern and the adolescent's personality will be the guiding principle. The child who has had adult responsibilities is allowed to be more dependent, to become more of a child again, while the irresponsible, thoughtless youngster is helped to do a little more growing up.

Use of Homemaker When Mother Is Ill

The Fox family, with three children of seventeen, thirteen and three and a half, lends itself well to illustrating some of the points made. The case was carried by an experienced, skilled counselor.²

Mr. Fox, when applying for help, sounded exhausted and desperate. His wife had to stay in bed for two weeks more, because symptoms of acute rheumatic fever had reappeared. Mr. Fox was therefore asking for a homemaker. Mrs. Fox, against doctor's orders but because there seemed to be no alternative, had been getting out of bed to prepare breakfast for herself and the youngest child and then, exhausted by the effort, had been going back to bed for the rest of the day. Mr. Fox,

who returned from his job as a watchman at about 4 a.m., slept until about noon, and then he had been taking on the responsibility for caring for his wife and the youngest child, and for doing the shopping.

Irene, seventeen, taking the commercial course at high school, had taken on some responsibility, but Mr. Fox felt that because she was fragile and burdened with a lot of homework, what she was doing was too much for her. But he also had feelings that she should learn to do more for herself and more to help her mother, since Mrs. Fox would not be able to assume full responsibility for home and children for quite some time. The worker could acknowledge Mr. Fox's feeling of ambivalence about what he thought his daughter should do and how he would like to spare her, and he responded to this by expressing his feeling that if his daughter could be helped to assume more responsibility it would not only alleviate the pressure from her mother, but would also help her to be more self-sufficient. Mr. Fox described thirteen-year-old Ruth as a more difficult child, not as easily directed as Irene and considerably more rebellious. She was a tomboy, and tended to pick fights with Irene and handle the youngest, Brenda, quite roughly. Since she generated so much disturbance with her two sisters, Mrs. Fox was considerably bothered by the noise and tension they created.

After giving this telling picture of the children, with all its implications for the homemaker service, Mr. Fox gave his wife's medical history and said that she, having always thrown herself with abandon into taking over complete responsibility for every member of the family, might be able to learn from the homemaker a more comfortable way of managing, so that she would not be exhausting herself to the point where she had no resistance to a new flare-up of her illness.

The rest of the interview was devoted to Mr. Fox's role in the household and with the homemaker, and to the setting of a fee, which was minimal because of the Foxes' limited income and high medical expenses.

Even before we were able to place one of our homemakers in the Fox home, Mrs. Fox's condition deteriorated and the doctor suggested hospitalization. On her home visit, the counselor found an untidy, dust-laden house, with old, grimy furniture. Brenda was uncombed and still in her pajamas, and Irene had been kept home from school to watch over her little sister. The counselor discussed with the children and with Mrs. Fox how the homemaker, Mrs. Smith, could be used best:

² The excerpts are from Mrs. Edith Shapin's case record.

Mrs. Fox said she would feel relief if Mrs. Smith took over preparation of meals, thus relieving Irene of considerable feeling of pressure and tension. Irene hoped that she could learn from the homemaker how to prepare some dishes the family liked. She would still have to prepare Brenda for bed, but relieved of other chores, she would be glad to continue this activity and feel at ease again to get her assignments done before she got too weary to concentrate on them. Mrs. Fox ended the interview by saying that with children and home cared for, she hoped to be able to benefit by medical treatment in the hospital.

It was arranged that Mrs. Smith would work a 5-day week, from 8 to 5 daily. In preparing the homemaker for her new job, the counselor discussed the following matters with her:

- 1) The general uncleanness and apparent disorganization of the home, the result perhaps of the mother's confinement to bed and the inability of the two older daughters to assume enough responsibility to keep on top of the household chores.
- 2) What Mrs. Smith's responsibility would be in relation to the household and to helping the girls assume some clearly defined responsibility in cooperation with her.
- 3) Mrs. Fox's stated preference that the homemaker pay specific attention to the youngest child, who would need help in relating herself to a new person. Mrs. Smith thought that with this preparation she could meet the situation.

The house looked different a few days after Mrs. Smith had begun to work there. Fortunately, the family had realized the need for a thorough heavy cleaning and called in a domestic for a day to do this work. Mrs. Smith was able to enlist Irene's and Ruth's cooperation in helping her to keep the house tidy, and her efforts to win over Brenda have also been successful. Mr. Fox indicated his satisfaction with the homemaker service. He told the counselor of his anxiety about the report on Mrs. Fox's condition; prognosis for her is guarded and she might be a semi-invalid for the rest of her days.

Mrs. Fox herself, when the counselor called her, sounded cheerful and wanted to express her thanks for the care the homemaker was giving the family. She spoke of her fatigue when allowed out of bed but was looking forward to being able to stay up for longer intervals.

This case is still active with us and it looks as though we will have to stay in for a considerable time, until Mrs. Fox can take over

at least part of her duties and the other family members the rest of them. Of course, we will be guided by the recommendations of Mrs. Fox's physician.

In several instances the decision to offer homemaker service to families who had originally applied for help with a marital or parent-child problem was the result of a consultation with our consulting psychiatrist. Many clients who come for help with their marriage, or with problems they experience in handling their children, have such great dependency needs that the marital partner cannot possibly satisfy them. These are usually adults who have never been able to overcome the detrimental effects of an emotionally deprived childhood. Some of them can borrow strength from the relationship with their counselor, but when there is a more serious situation—such as illness, death of a loved one, or birth of a new baby—and no member of the family has the strength to face a new burden without a breakdown, it may be the homemaker service which can head off a crisis. By making possible almost total dependency, at least temporarily, she may be able to help a family to continue facing life without an individual or family breakdown. In this way, a marriage may be saved, or a baby may get a solid start under competent care, rather than being exposed to a harassed, unstable beginning with an anxiety-ridden mother.

At present, we have nine homemakers employed on a year-round basis. Sometimes we receive applications for homemaker service when all our homemakers are occupied. In the most urgent of these situations, we are able to offer temporary financial assistance to a family so that they can hire a part-time domestic worker of their own choice. This at times spells the difference between keeping a family together and placing the children.

Because of our conviction that this service has real value, we are pleased that homemaker services are expanded everywhere and that they are being added by private family agencies, as well as public agencies. We in Jewish Family Service of Philadelphia are ready to continue and develop our homemaker service, and to experiment further with its use as a potent tool in preventing and treating family breakdown.

AID TO DEPENDENT CHILDREN: Introduction*

Sidney Hollander†

Life Board Member
Council of Jewish Federations
and Welfare Fund

OUR title *should* be "Why is ADC in the Doghouse—and How Can We Get It Out?" We want to consider the reasons for this odd unpopularity and learn of recent interesting developments.

Cast your eyes back twenty-five years to the excitement that accompanied the birth of ADC and the other programs of Social Security. Remember the gratification it brought those who so long and so persistently had been working for such a development. What mattered it then that for half a century America had lagged behind? We were as happy as if we were really trail blazers! We were especially happy over the added protection ADC threw around children. It was comforting to have, at last, Federal acceptance and Federal dollars for beliefs so long held—the right of a child to his family, the supremacy of home over institution, the rejection of poverty as warrant for severing family ties.

Now, twenty-five years after, the enthusiasm for ADC seems to be bogging down. Our little white lamb has become a rampaging black sheep. Though the Department of Health, Education, and Welfare still stands by its guns, and Congress and state legislatures continue, somewhat grudgingly, to go along, the focus has swung from achievement to deficiencies, from protection to promiscuity.

The White House Conference continues to emphasize the right of a child to a home and a mother, but the major concerns are now the mounting costs, the increase in cases, the percentage of Negroes, the soaring illegitimacy, the weakening of parental responsibility and the rewards of desertion—and ADC's responsibility for youthful delinquency! In the face of such an arraignment, is it surprising that even its friends begin to doubt that ADC has meant a new era for children?

* Both Mr. Hollander's and Miss Hastings' papers were part of a symposium held at the CLWA Eastern Regional Conference, Philadelphia, on February 5, 1960.

† Mr. Hollander numbers among his many activities in the welfare field membership on the Committee on Social Issues and Policies of the NSWA.

How does one account for such a reversal? Why has the program lost so many friends? It cannot be only the cost or the numbers cared for; these are paralleled in other categories without comparable resentments. True, illegitimacy has risen, but no more than among those not receiving ADC; and unsanctified sex relations long antedated welfare and will continue long after its termination. As to the emphasis on the high percentage of Negroes, would not this suggest antagonisms quite unrelated to welfare? These factors are hardly enough in themselves to explain present resentments. But whether we can explain them or not, we have to cope with them, though we may have to call on psychologists and psychiatrists before we're through.

Fortunately, there are signs that the tide is beginning to turn. Take, for example, that article in *The Saturday Evening Post*¹ with its lurid headlines: "ARE WE PAYING AN ILLEGITIMACY BONUS?" "IS THERE WIDESPREAD CHEATING AMONG THE RECIPIENTS OF AID TO DEPENDENT CHILDREN?" "DOES THIS BILLION DOLLAR PROGRAM FOR FATHERLESS FAMILIES FOSTER ILLEGITIMACY?" Instead of resounding affirmations, the conclusions were quite otherwise—which was as surprising to me as it must have been to the editors. Even more amazing, a series in the Chicago Tribune, projected as a smashing ADC exposure, somehow emerged as an exposition of its virtues. And *Redbook* has a warm and appreciative article on ADC by Norman Lobsenz called "The Campaign against Helpless Children."² I wish the article might be required reading, not only for those in public life but also for those in our voluntary agencies who have not always been as sympathetic or "empathetic" as might be wished.

1 Leonard Gross, "Are We Paying an 'Illegitimacy Bonus': A report on the abuses," *The Saturday Evening Post*, Jan. 30, 1960.

2 Ed. Note: This article appears in the March issue of *Redbook*, and has been reprinted in full in *FSAH Highlights*, March 1960.

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Lobsenz admits that certain allegations against ADC have a measure of truth, but objects to the generalizations that follow. As he puts it:

"It is of course all too easy to 'prove' anything one wishes, to generalize from inadequate statistics, to dramatize blatant abuses. It is easy to believe that ADC nourishes parasites and breeds immorality if one is so inclined, but it's just as easy to prove the opposite."

In the course of his three-month investigation he found evidence that most ADC families are honest, reluctant to accept aid, eager to get off the rolls and to return to self-sufficiency. He finds too that the program has helped hundreds of thousands of families over critical periods of real need.

"That is why," he says, "virtually every authority in the field of welfare considers ADC a basic investment in the moral and physical well-being of the growing generation."

AID TO DEPENDENT CHILDREN: The National Scene

Constance Hastings

Associate Regional Representative
Bureau of Public Assistance
Dept. of Health, Education, and Welfare

Miss Hastings discusses some legislative proposals for strengthening and extending ADC.

THE golden anniversary of the White House Conference finds Aid to Dependent Children under most serious attack. Its purpose is still to carry out that often quoted principle of the 1909 conference, that no child shall be deprived of his own home for poverty alone.

What means are there, other than public assistance, to enable a needy parent to keep a child in the home and to give him the parental love and guidance that are necessary to a child's normal development. If no other considerations governed, then the greater cost of care away from home than in the child's own home would be important. Furthermore, current psychiatric thought supports normal family life as the most effective antidote to mental illness and delinquency.

Sometimes I feel that nothing new can be said about Aid to Dependent Children, and that in the face of the attack on the program, we should stop talking and initiate action. Every ADC administrator, local, state or federal, is on the defensive. Positive action seems essential if children in our "affluent society" are to be protected from even so basic a threat as hunger.

Changes in ADC Case Load

At the risk of repeating points frequently made in discussion of ADC, it seems important to describe some of the changes in the pro-

gram, reflecting changes in our society, which make it so vulnerable to attack. In a nation dedicated to the self-sufficiency of the individual, public assistance has never been popular. ADC has become the focus of public hostility to acceptance of the defects in our economic and social structure, which range far beyond the scope of the public assistance program but are inseparable from it. Let us not forget, however, that the changes in ADC, reflect, in part, changes for the better in our way of life. It is progress that our mortality rate has improved, so that we have fewer orphans. It is progress that our social insurance provides for children of deceased wage earners who in years past would have been dependent on ADC.

The population explosion is much discussed. Is it good or bad in a nation with the resources of the United States? One result is more children, and more children receiving ADC grants.

We all know that the most vulnerable aspect of the ADC program is the large proportion of children whose mother and father are not married to each other or are separated by desertion or divorce. In the latter part of 1958, such children totalled 59.8 percent of ADC children. Informed persons cannot accept the idea that people bear a child out of wedlock or even desert a child in order to receive an ADC grant. Apart from other rational and

human considerations, the general inadequacy of ADC grants would seem to negate this.

Changes in Non-ADC Population

To understand the change in the Aid to Dependent Children case load, we must look at what is happening to children who are not ADC recipients. Some of these are agency responsibility; others are cared for without help from public or private agencies.

The number of babies born out of wedlock in the general population increased two and a half times between 1940 and 1957. Of those born in this eighteen-year period, only one in seven was supported by ADC. Divorce, separation, and desertion are splitting more families. In 1958 there were one half million more divorced women than in 1940. Almost an equal number reported themselves as separated. Families headed by women are common in today's world. One in every ten families falls in this category. The income of such families is about half the income of families whose head is male; two-fifths of the maternal families have incomes under \$2,000. And by the nature of the eligibility requirements, it is from the families headed by women that ADC draws most of its cases.

The dramatic increase in employment of women has had an impact on the ADC program. In 1958, 35 percent or twenty-two million of the total labor force were women. In the ten years preceding 1958, the number of working mothers increased about 80 percent: Now about one-third of the women in the labor force have children under eighteen. The number of ADC mothers who work is comparatively small: A recent study indicates that they comprise about one-sixth of the group, and only one-third of these work full-time. Their cash earnings average \$48.47 a month, obviously insufficient to support a mother and three or four children, the average ADC family. We need to scrutinize factors affecting the employment of mothers, and particularly ADC mothers. Increased social acceptance of the working mother has perhaps encouraged those who are well educated and well trained to seek employment as a solution to financial need. Does the lower percent of working mothers in the group receiving ADC mean that these women lack education, training and opportunity for employment which

would pay at least the equivalent of an assistance grant?

All of us from Federal, state and local, public or private agencies recognize the problems presented by the Aid to Dependent Children program. What happens to this program will affect the case loads of every agency interested in child care. Concern about the attack on the program is secondary to the concern for what is happening to the children in ADC. Desertion and illegitimacy are negative forces in the program's over-all purpose, which is to give children the maximum opportunity for healthy family life. In planning action, we must look at the program legislatively and administratively. And in administration I include, as the basic element, casework services to these families.

Action on the National Scene

What action is being taken nationally to meet some of the problems I have outlined? The Social Security Administration, through its Bureau of Public Assistance, has consistently gathered facts about ADC and has undertaken interpretation of the program to both critics and friends. Data furnished by the state agencies have given us needed information about the characteristics of the families in this program. The help of national agencies has been enlisted. The recent pamphlet issued by a special committee of the National Social Welfare Assembly, *Aid to Dependent Children—A Family Service—The Community Responsibility*, illustrates the concern of private agencies for this program. Articles about ADC have appeared in popular and professional magazines.

Adapting Program to Current Needs

The Social Security Act has prevented the exclusion of children from the program as certain state or local legislative bodies proposed. Federal funds under present legislation have supported state and local administrative agencies in special projects designed to give socially maladjusted families service which will enable them to achieve a more normal family life and ultimate self-support.

The White House Conference principle that no child should be deprived of his home for poverty alone is as valid today as in 1909. Furthermore, we believe informed public

opinion will not tolerate allowing children to go hungry because of the sins of their parents. Perhaps the Aid to Dependent Children program has focused too much on parental behavior and not enough on the need of the child. Eligibility in ADC is wholly based on the situation of the parents, and in most instances on their anti-social behavior. Since death and illness can be accepted as unavoidable, people whose need stems from these causes are regarded as "deserving." But need resulting from desertion, divorce and illegitimacy arouses critical public reaction to the behavior of parents, and the fact that a child is in need is overlooked.

Legislative revisions are being considered which would adapt the program to our 1960 problems. Perhaps such changes could focus the program on the need of the child for maintenance and healthy family life. Some of the concern about parental behavior might then find more appropriate expression and perspective.

Such changes, however, cannot solve the complex social and economic problems within which the program operates. For example, racial prejudice is a serious component in the criticism of the program. At best, legislation may clarify the issues, and free state and local administrators to continue their efforts to strengthen the family life of ADC recipients while meeting their day-to-day needs.

At this time the Department of Health, Education, and Welfare has not made specific recommendations to Congress, although a great many proposed changes are being studied. It is reasonable to expect that if Congress holds hearings on Social Security this spring, fairly substantial changes in the public assistance programs will be considered. This consideration may well go beyond the relatively limited changes that have already been proposed in bill form.

Recommendations of Advisory Council

One of the 1958 amendments provided for an Advisory Council on Public Assistance to review the status of the public assistance program. During the past year, this council has been studying, among other pressing issues, the Aid to Dependent Children program. Its report, sent to the Secretary and to the Congress early this year, contained recommenda-

tions on the assistance programs, including ADC.

The Council proposed extending ADC to any needy child living with any relative or relatives. What lies behind this recommendation is best told in their own words:

"We are opposed to public assistance provisions that seem to put a premium on broken homes. Our deep concern is for needy children, purely as children. We want to encourage and preserve family life. Eliminating the negative eligibility factors that now qualify a child for assistance—that is, a parent must have deserted or died or be incapacitated—will, we believe, strengthen the program positively by helping families to stay together and indeed, even serve to prevent the disintegration of homes.

"This does not mean that we recommend discontinuing aid to dependent children now eligible for it. Our recommendation is to expand the program, so that *all* needy children outside foster homes and institutions, whether they be legitimate or illegitimate, orphaned or half-orphaned, victims of a deserting parent or members of a stable healthy family, qualify under the category.

"Not only are we concerned over present eligibility requirements, but also over some States' decisions to exclude children from public assistance on grounds of their parents' behavior. We believe that the primary criterion for financial assistance to a needy child should be his need. Whatever may be the steps necessary to correct the social evils reflected in the aid to dependent children program, we feel strongly that no more should a needy child be punished for his parents' actions, then he should be deprived of financial aid because his able-bodied mother and father lawfully and lovingly together try to maintain a home for him."

And in regard to the question of illegitimacy as it relates to Aid to Dependent Children, let me quote from one of the speeches of our Secretary, Arthur Flemming.

"Personally, however, I am completely out of sympathy with efforts to deal with this problem by denying aid to the illegitimate child.

"I could never reconcile myself to a program that puts society in a position of turning its back on the needs of a child because of the sins of his parents. Not only am I convinced that this would be wrong, but I am also convinced that it would make no contribution to the solution of the basic problem that confronts us.

"This problem will be met effectively only as we are willing to travel down the long hard road of elimination of slum areas, of strengthening of

our total program of education, of strengthening family life, and above all of strengthening the spiritual foundations of this Nation. I just don't believe that an effort to find a short cut by the use of punitive measures directed against children will solve the problem any more than our forefathers solved the problem of indebtedness by putting debtors in jail."

Promise of Greater Flexibility

The Council also recommends extending coverage of *all* public assistance programs to all financially needy people, including, for example, the unemployed, the under-employed, and the less seriously disabled. The Council's recommendations are under review in the Department of Health, Education, and Welfare. As we study them we are aware that a more flexible approach would mean that the Federal law would have only minimum eligibility requirements, and would help to achieve more equitable treatment of needy people through a single financial arrangement for Federal sharing of costs. There could also be greater emphasis on the family as a whole and greater flexibility in dealing with its needs and problems. Needy children would be part of a larger program based entirely on need, and the absence of the father would not be a determining eligibility factor. The program could really focus on strengthening the family's unity and on taking positive steps toward its financial independence.

Other recommendations of the Advisory Council on Public Assistance related to adequacy of assistance, adequacy of medical care, and equitable treatment among the categories. The Federal matching limitation is currently \$30 per recipient per month for ADC, in contrast with \$65 per recipient in Old Age Assistance, Aid to the Permanently and Totally Disabled and Aid to the Blind. Also, some states have lower assistance standards for ADC.

In 1956, Federal funds were authorized for research and demonstration projects, such as those relating to prevention and reduction of dependency. This has never been put into effect because Congress has not appropriated funds for it. In his recent budget message to Congress, the President asked for \$700,000 to implement this part of the program.

This year, the Congress provided funds for the Bureau of Public Assistance to initiate a program of short-term training courses for

public assistance personnel. For 1961 additional funds are being requested to step up this program, including contractual arrangements with schools of social work and other institutions.

Secretary Flemming has questioned whether we should continue to grant funds by categories; has indicated his belief that Aid to Dependent Children should be broadened; has said that residence requirements do not make sense when Federal funds constitute a substantial part of the expenditures; and has stated that the Federal government should strengthen its public assistance, public health and rehabilitation programs as they relate to the disabled in order to enable a much larger number to be returned to activity and personal independence.

You may be aware of the concern of the President and others that the "growing Federal share" in public assistance expenditures will tend to undermine the feeling of responsibility of state and local governments and lead to additional Federal controls. This concern, of course, will be taken into account in any recommendations the department sends to Congress.

We hope that any changes made in the public assistance titles will strengthen the Federal-state programs as a resource for needy persons.

CONFERENCE CALENDAR

Southwest Regional Conference

May 8, 9, 10, 11

Statler-Hilton Hotel, St. Louis, Missouri

Chairman: Daniel J. Sullivan, Commissioner

Children's Services of St. Louis

Civil Courts Building

St. Louis 1, Missouri

New England Regional Conference

May 26, 27, 28

Poland Spring House, Poland, Maine

Chairman: Miss Jean B. Griesheimer, Director of Casework

Worcester Children's Friend Society

2 State Street

Worcester, Massachusetts

National Conference on Social Welfare

June 5-10

Ambassador Hotel, Atlantic City, New Jersey

Chairman: Miss E. Elizabeth Glover, Executive Director

Maryland Children's Aid Society, Inc.

5-7 West 29th Street

Baltimore 18, Maryland

NEWS FROM THE FIELD

Meeting on Houseparent Education

On February 22, 23 and 24, twenty-six people, all with some interest in the training of houseparents, met at the Child Welfare League of America to consider courses that are being offered. Represented were a number of schools of social work where houseparents' courses are currently in progress: The New York School of Social Work; the schools of social work of the University of California at Berkeley and Los Angeles, the universities of Connecticut, Minnesota, Pennsylvania, North Carolina, St. Louis, Syracuse, New York, Western Reserve and Wisconsin, and Hunter College, New York City have been giving courses. The University of Washington is planning such a course.

In a letter to the participants, the purpose of the meeting was stated as follows by Mr. Reid:

"For some time the League has been greatly interested in the development of various forms of education for houseparents. We believe that this development is now sufficiently widespread and that there is sufficient experience in various communities to merit a study of what has been accomplished. We believe that by so doing, movement may be made toward standardizing houseparent education and in that way further extending such activity throughout the country."

This was the first time that those who are interested in houseparent education had an opportunity to get together to compare notes. The group discussed the structure of the courses, content and teaching methods. There was an exchange of information about the various courses.

The group agreed that in-service training for houseparents is essential and is a prerequisite to all other training, and that supervision is an essential part of in-service training. Education goes beyond in-service training, and is the responsibility of an educational institution. There is a basic range of knowledge and skills which is transmittable. We teach, as we should, from the practice base. Starting with practical examples brought in by houseparents, we help them develop general principles. In this way we relate skills and knowledge to the doing and being.

Some administrators seem to be afraid of giving too much education to houseparents. While we agreed that training for houseparents was as essential as training for social work, the consensus was that child care workers need not a diluted social work course, but a different and specific content.

The houseparent functions as a professional in that he bases his activities on diagnostic thinking. But the body of knowledge which guides him does not exclude the human qualities nor does it take away the spontaneity.

The last session of the meeting was devoted to a subject in which there was particular interest: "Where do we go from here?" As the meeting concluded, three needs were expressed: First is the need for a clearing house of information pertaining to present courses. The League agreed to act in this capacity. Second is the need for a kind of directory giving the locations of all present courses, and the auspices under which they are being conducted. Those who attended the meeting, and the readers of this column, are invited to send the League information about courses not mentioned above. A third need is for a National Committee or a National Council on the Training and Education of Child Care Personnel.

It is hoped that there will be further activity on a regional basis and at child welfare conferences, with another national meeting in about two years.

The Child Welfare League hopes to have a report of the proceedings and the conclusions of the meeting, which may be published in pamphlet form for distribution.

READERS' FORUM

Homemaker Service Practices

Homemaker service as one of the child welfare social services is continuing to be advanced. Along with word that the *CWLA Standards for Homemaker Service for Children*, issued recently, is serving as a much needed guide, come questions on policy and practices with respect to special problems.

Two such questions are:

How can homemaker service be used to help widowers with young children?

How can we treat the pain of separation of the homemaker from the family, particularly as this affects the children?

We have received, on invitation, the following brief response from one agency:

To the Editor:

I have had an opportunity to raise these questions only with individual staff members in informal discussion, and to get only impressions based on individual experience.

As you know, we do give homemaker service to widowers with children, but they have not made up a substantial part of our case load. At the present moment, two of the twenty-eight cases we are carrying are homes in which the mother is deceased. In one we went into the home before the mother's death. At present we are helping the father complete an application to Aid to Dependent Children for funds to pay for a housekeeper, and will help him locate a responsible woman before we withdraw. This has been our usual pattern in such situations.

In the second family, homemaker service was begun more than a year after the mother's death after a referral by the father's employer, who was concerned about his absenteeism. There had been no help in the home until we went in, though the two oldest children, both girls, are only now in 7th and 9th grade, and there are two younger children of seven and eight. Though the children are all well behaved, and very close to their father, there were signs of emotional problems—the youngest child soiling himself daily, a general air of physical neglect in the home, and a lack of understanding by the father of the meaning to the children of a mother figure in the home.

Here we see homemaker service as one of direct work with the children—helping the father to understand their needs better and helping the children by training them to care for themselves and their home. We hope, through demonstration, to bring the father to recognize his need for a qualified housekeeper, and at that point to help him find such help, which he can hire on his own.

The staff seems to feel that in the initial period of upset after a mother's death, the

father generally does tend to be very dependent on the homemaker and the caseworker; but as the grief reaction is worked through and a new routine of living established, caseworkers have not found great difficulty in terminating homemaker service.

In regard to the pain of separation of the children from the homemaker, both the caseworker and the homemaker are very much aware of this, and from the very start they think of ultimate termination as part of the plan. The success of complete ending depends on several factors—the length of the period during which homemaker service was given, the homemaker's own involvement, the help the caseworker can give, the age of the children, and the on-going plan. Total separation has not been possible when the homemaker and the family have established a close relationship, and sometimes the homemaker and the family have kept up some communication. So far as we can judge, this has not been detrimental to the families.

As I have indicated, the above remarks are based on impressions. The questions are interesting and I should think they might make for interesting discussion at an institute on homemaker service.

JANET C. WOOD

*Supervisor, Homemaker Unit
Family and Children's Service, Minneapolis, Minn.*

We trust that others will join in this discussion. A manuscript on practices in the area will be welcome. Ed.

Conference Employment Service

Once again a public employment service will be a feature of the National Conference on Social Welfare. It will be provided by the New Jersey Division of Employment Security of the Department of Labor and Industry in cooperation with the U. S. Employment Service. The primary purpose is to bring job orders and job applicants together at the Conference. Labor market information will also be available.

This service, made possible by the cooperation of the National Conference, National Social Welfare Assembly, Social Work Vocational Bureau and the U. S. Employment

depend- Service, is available only to those attending
er; but the Conference. However, all state employ-
gh and ment service local offices accept social work
workers orders and applications on a year-around
inating basis as a regular part of their service. They
also have appropriate forms for advance
of the registration for the Conference service, and
e case- will help employers and applicants in pre-
much paring them.

et they Employers wishing to use the service should
of the register vacancies at the nearest local office
depends of the State Employment Service, asking that
period orders be forwarded to the Conference if they
en, the have not been filled by May 13.

elp the Social workers interested in positions should
children, register at the nearest local employment
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er and be a brief resume of education and experi-
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emarks Registrations will be taken at the Confer-
ns are ence, but quicker and better service will re-
t make sult from advance registration.

OOD Each employer or applicant must check in at
er Unit the Employment Service Center immediately
, Minn. on arrival at the Conference, so that his
earlier local registration may be activated.
is dis- Each applicant will be interviewed, and re-
e area ferred to vacancies in accordance with his
interest and qualifications. The applicant is
then responsible for making an appointment
with the employer.

ee All orders and applications filed will be
service returned after the Conference to the local
erence employment service office, which will check
by the on whether they have been filled. If they
at Se- have not, the local office will continue to try
r and to effect a satisfactory placement through the
. Em- regular employment service machinery.

e is to **Deadline for Advance Registration: May 13,**
gether **1960.**

New League Staff Member

cooper- Miss Florence Ruderman, a sociologist, has
ational joined the League to direct the research for
Voca- the three-year Day Care Project under the
yment

grant from the Field Foundation. Miss Ruderman expects her doctorate in December 1960 from the Sociology Department at Columbia University. She has had eight years of experience at the Bureau of Applied Social Research, the last four years as a project director. Recently she completed a six-city survey of physician attitudes and behavior with regard to family planning. She is co-author of a forth-coming book, *Family Planning in Medicine*.

1959 Case Record Collection

The 1959 Case Record Collection is available on request to:

Member agencies, provisional agencies and subscribers to the Advisory Service of the Child Welfare League of America, free of charge except for expressage.

Other child care agencies, schools of social work, state conferences of social work and councils of social agencies, at a fee of \$25 for three weeks, or pro-rated, plus expressage.

Write to the League office.

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CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads \$7.50 per inch minimum insertion \$3.00. Deadline for acceptance or cancellation of ads is **sixth** of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance, child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary, \$4836-\$6656 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 855 S. Figueroa St., Los Angeles 17, Calif.

CASEWORKER, female, M.S.W. Treatment oriented children's home. Good supervision, psychiatric consultation. Small case load. Starting salary \$5400. Frank Howard, Episcopal Church Home For Children, 940 Ave. 64, Los Angeles 42, Calif.

CHILD WELFARE WORKERS: 3 needed in progressive and expanding County Welfare Department located in modern city of 35,000. Pleasant living within 2 hours of San Francisco, ocean beaches, mountain resorts. MSW or 1 year's graduate study and experience \$4980-\$6672. Qualifications determine starting salary. Liberal benefits: 3 weeks' vacation, paid sick leave and holidays, health plan, retirement and Social Security. Write Personnel Officer, Stanislaus County, P.O. Box 639, Modesto, California.

SAN FRANCISCO BAY AREA public welfare agency has openings for trained workers. All child welfare services. Psychiatric consultation. \$5640-\$6770. Requires 2 years' graduate study. Alameda County Civil Service, 188 12th St. Oakland, Calif.

CHILD WELFARE SERVICES WORKER and SUPERVISOR POSITIONS for fast-growing county in southern California. Opportunities in adoption included. Worker I (\$5130-\$6084) requires 1 year's graduate study in social work. Worker II (\$5388-\$6384) requires 1 year's graduate study in social work and 2 years' experience or 2 years' graduate study. Supervisor (\$5940-\$7044) requires 2 years' graduate study and 2 years' experience, 1 of which must be in child welfare. Paid vacation and sick leave, part-paid health insurance, Social Security, other benefits. County Personnel, Courthouse, San Bernardino, Calif.

CHILD WELFARE SERVICES WORKER. Approximately \$460-\$507 per month. Immediate openings in adoptions, child placement and protective services for social workers with 1 year grad. social work. No experience necessary. High professional standards and advancement opportunities. Write County Personnel, 403 Civic Center, San Diego 1, Calif.

FAMILY and CHILD WELFARE WORKERS. Highest professional standards. Can appoint at a starting salary up to \$6690, according to training and experience. Executive Director, Catholic Social Service, 1825 Mission St., San Francisco 3, Calif.

GROUP WORKER. Residential treatment center for emotionally disturbed children ages 6-12. Work with small groups in treatment-oriented group work program, some supervisory responsibility. Excellent supervision, psychiatric consultation. Required: MSW, experience in direct work with small groups. Male, \$4800-\$7000. Initial salary based on qualifications. C. Rollin Zane, Executive Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.

CASEWORKER in family and children's agency providing family casework, child welfare services foster home placement, and adoption. Good personnel practices. Requirements: MSW. Salary commensurate with experience. Social Security and retirement. Rev. John J. Reilley, Associate Director, Diocesan Bureau of Social Service 259 Main St., New Britain, Conn.

SUPERVISOR OF CASEWORK. Family and Child Care Agency—Qualifications include professional education and experience in casework practice and supervision of qualified staff with psychiatric consultation. Agency functions: family casework, foster care of children, service to unwed parents and adoption. The responsibilities include directing casework services and student program with related community and administrative activities. Salary commensurate with good practice and current standards. Social Security and retirement benefits. For further details of position write: Miss Jane K. Dewell, District Secretary, The Diocesan Bureau of Social Service, 478 Orange St., New Haven 2, Conn.

FIELD REPRESENTATIVE in child welfare services in State Department of Public Welfare. Under Chief, Bureau of Social Services, responsible for developing standards, policies and procedures, consult with county supervisors and other personnel; review and prepare reports on county operations; plan and execute staff development programs. Four weeks' vacation, liberal sick leave, car furnished when required. Required: MSW or 2 years' experience as executive, supervisor or consultant in public child welfare agency may be substituted for 1 year of graduate training; 5 years' professional employment in a welfare agency including 3 years in a supervisory, administrative or consultant capacity in public child welfare agency. \$6190-\$8050. Can appoint at \$6934. Good state retirement plan integrated with Social Security. Miss E. Kathryn Pennypacker, Chief, Bureau of Social Services, State Department of Public Welfare, P. O. Box 309, Wilmington 99, Del.